

Alder Hey Children's NHS Foundation Trust Workforce Race Equality Standard (WRES) 2023

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Workforce Race Equality Standard (WRES) Introduction

The Workforce Race Equality Standard (WRES) is a requirement for all NHS organisations to publish data and action plans against 9 indicators of workforce race equality, 2023 is its eighth year. It aims to facilitate an inclusive supportive, and fair culture in organisations to ensure that every member of the NHS diverse workforce has a sense of belonging and a positive working experience.

This report presents Alder Hey's latest workforce race equality data (as of 31st March 2023) and identifies where improvements have been made and where data has remained static and/or deteriorated. The report contains the Trust's performance against these indicators using data from the Electronic Staff Records (ESR) system and relevant results from the 2020 National Staff Survey. The data from the WRES report is important, as research demonstrates that a motivated, included, and valued workforce helps to deliver high-quality patient care, increase patient satisfaction, and improve patient safety. The data will also enable us to better understand the experiences of our Black minority ethnic staff so that we can target support and implement positive change thereby creating a more inclusive environment.

Alder Hey continues to make significant progress and is committed to tackling workplace inequalities between Black minority ethnic and White staff. Four of the nine indicators focus on workforce composition and people management, four are based on data from the national NHS Staff Survey (NSS) questions, and one indicator focuses on Board level representation. The report shows that Alder Hey has made progress in two of the nine WRES indicators, however there is immobility and/or regression in the remaining seven indicators. In general, Black minority ethnic staff have poorer work experience than White staff – this has been the trend since the WRES was mandated in 2015.

A note on language: When referring to ethnicity, we will use the term Black and minority ethnic (BME) to be consistent with National NHS Workforce Race Equality Standard terminology.

Workforce Race Equality Standard Progress in 2022/23

We are pleased to note that we have made improvements in two out of the nine indicators of race equality and remain static in one:

- Increase in the percentage of BME staff employed at Alder Hey
- Static in the likelihood of White applicants being appointed compared to ethnic minority applicants
- Decrease in the number of BME staff who have experienced harassment, bullying or abuse from staff

Several actions have been taken over the last twelve months that are likely to have attributed to the above improvements, include:

- Supporting the development of the new REACH staff network
- Appointment of Head of Equality, Diversity, and Inclusion
- Communications regarding celebration days and events
- Supporting recruitment to reduce inequality in the recruitment processes
- Promotion of Learning and Development opportunities for BME staff

Indicator 1 – Percentage of staff in each AfC Bands 1 to 9 and VSM compared with the percentage of Black minority ethnic staff in overall workforce

Total Workforce	BME	White	Missing or Unknown
4224	485 (11.5%)	3699 (87.6%)	40(0.9%)

	BME			White			Missing or Unknown		
	2021	2022	2023	2021	2022	2023	2021	2022	2023
Cluster 1 (Bands 1 - 4)	0.44% (19)	0.59% (25)	0.59% (25)	16.3% (690)	17.0% (720)	16.3% (691)	0.14% (6)	0.16% (7)	0.14% (6)
Cluster 2 (Band 5 - 7)	0.30% (13)	0.26% (11)	0.33% (14)	4.90% (207)	5.87% (248)	5.96% (252)	0.02% (1)	0.04% (2)	0.02% (2)
Cluster 3 (Bands 8a - 8b)	0.11% (5)	0.16% (7)	0.14% (6)	1.89% (80)	2.22% (94)	2.24% (95)	0.07% (3)	0.09% (4)	0.02% (2)
Cluster 4 (Bands 8c – 9 & VSM)	0.56% (24)	0.02% (1)	0.09% (4)	0.00% (0)	0.99% (42)	0.97% (41)	0.00% (0)	0.02% (1)	0.00% (0)

Table 1: Non-Clinical Workforce Cohort (data source ESR)

The data shown in Table 1 shows that at Alder Hey we have 485 staff (11.5% of the workforce) who recorded that they are from a Black minority ethnic background on our electronic staff record (ESR). The data from the non-clinical workforce group shows an increase in Black minority ethnic staff in Cluster 2 (Band 5-7) and in Cluster 4 (Band 8c-VSM). Although there has been an increase in BME staff being appointed in Cluster 4 (Band 8c-VSM) over the last 12 months.

Table 2 presents the clinical cohort data. The data shows an overall increase in all Clusters except Cluster 4 (Band 8c-VSM) with the most significant increase in Cluster 2 (Band 5-7). This could be associated with the international recruitment programme and the employment of internationally educated staff. We have also seen a positive increase in Cluster 5 (Medical and Dental staff, Consultants) and Cluster 6 (Medical and Dental staff, non-consultant career grade). We need to ensure that we are supporting our BME staff to develop and progress. Over the next 12 months we will work closely with the Organisational Development team and the REACH staff network to identify strategies to improve our BME staff appointments into senior leadership roles.

Whilst we have seen improvements which are encouraging, Alder Hey acknowledges the need to work hard if we are to achieve race equity within the workforce. We need to encourage staff to record their ethnicity in ESR so that we have a true composition of our workforce, and we can better support the needs of our staff.

	BME			White			Missing or Unknown		
	2021	2022	2023	2021	2022	2023	2021	2022	2023
Cluster 1 (Bands 1 - 4)	0.80% (34)	0.52% (22)	1.44% (61)	12.8% (542)	11.6% (491)	12.4% (526)	0.09% (4)	0.21% (9)	0.16% (7)
Cluster 2 (Band 5 - 7)	2.62% (111)	3.45% (146)	4.56% (193)	38.9% (1643)	38.1% (1611)	38.2% (1617)	0.28% (12)	0.42% (18)	0.28% (12)
Cluster 3 (Bands 8a - 8b)	0.23% (10)	0.18% (8)	0.23% (10)	5.04% (213)	5.82% (246)	6.08% (257)	0.07% (3)	0.07% (3)	0.04% (2)
Cluster 4 (Bands 8c – 9 & VSM)	0.00% (0)	0.04% (2)	0.04% (2)	0.56% (24)	0.52% (22)	0.54% (23)	0.00% (0)	0.00% (0)	0.00% (0)
Cluster 5 (Medical and Dental staff, Consultants)	2.27% (96)	2.32% (98)	2.55% (108)	3.66% (155)	3.83% (162)	3.95% (167)	0.09% (4)	0.07% (3)	0.09% (4)
Cluster 6 (Medical and Dental staff, non-consultant career grade)	0.26% (11)	0.37% (16)	0.68% (29)	0.28% (12)	0.28% (12)	0.21% (9)	0.04% (2)	0.04% (2)	0.04% (2)
Cluster 7 (Medical and Dental staff, Medical and Dental trainee grades)	0.23% (10)	0.71% (30)	0.78% (33)	0.73% (31)	0.56% (24)	0.49% (21)	0.26% (11)	0.21% (9)	0.07% (3)

Table 2: Clinical Workforce (data source ESR)

Indicator 2 – Relative likelihood of staff being appointed from shortlisting

This metric compares the data regarding the relative likelihood of White applicants being appointed from shortlisting compared to BME applicants. The metric includes both internal and external recruitment

(Data source: Trust’s Recruitment data)

WRES Indicator	DESCRIPTOR	2021/22	2022/23
2	Relative likelihood of White applicants being appointed from shortlisting across all posts compared to BME applicants	0.90	1.45

Table 3: Relative likelihood of appointment from shortlisting

As of March 2023, the likelihood ratio was 1.45; higher than 1.0 or equity to a small degree. More specifically, 541 (25.3%) out of 2141 white candidates were appointed from shortlisting compared to 64 (17.4%) out of 368 BME candidates.

As an NHS Trust, Alder Hey performed better than 60% of other national NHS Trusts.

Recruitment from interview remains the most difficult to change metric, with the likelihood ratio not having changed nationally since the inception of the WRES. We will continue to work to ensure that our processes are inclusive, working with recruitment and our REACH staff network to explore and align initiatives that strengthen our recruitment practices, supporting our People Plan.

Indicator 3 – Relative likelihood of staff entering the formal disciplinary process

Relative likelihood of BME staff compared to White staff entering the formal disciplinary process, as measured by entry into the formal disciplinary procedure.

(Data source: Trust’s HR data)

WRES Indicator	DESCRIPTOR	2021/22	2022/23
3	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	0.91	1.36

Table 4: Relative likelihood of entering formal capability process

The data from Table 4 indicates that the disparity in the likelihood of BME staff and White staff entering the formal disciplinary process has slightly increased over the past 12 months, with BME staff being more likely to be involved in a disciplinary. More specifically, 5 (1.03%) out of 485 BME staff entered formal disciplinary proceedings compared to 28 (0.76%) out of 3699 White staff.

Indicator 4 – Relative likelihood of staff accessing non-mandatory training and CPD

Relative likelihood of White staff accessing non-mandatory and CPD training compared to BME staff.

(Data source: Trust’s HR data)

WRES Indicator	DESCRIPTOR	2021/22	2022/23
4	Relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff	0.32	1.77

Table 5: Relative likelihood of staff accessing non-mandatory training and CPD

The data in Table 5 shows that White staff are 1.77 times more likely to access non-mandatory training and continuous professional development than Black, minority ethnic staff. Specifically, 270 (7.3%) out of 3699 White staff undertook non-mandatory training compared to 20 (4.1%) out of 485 BME staff. This difference is discouraging, and we will monitor the diversity of all applicants for training and professional development to assess for any bias in our processes.

Indicator 5 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public

WRES Indicator	DESCRIPTOR	BME 2021	White 2021	BME 2022	White 2022
5 NHS Staff Survey	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months	16.9%	20.7%	24.6%	21.1%

Table 6: Harassment, bullying or abuse in the last 12 months (patients, relatives & public)

The data in Table 6 illustrates that 24.6% of Black minority ethnic staff have experienced harassment, bullying or abuse from patients, relatives, or the public in the last 12 months than white staff. There is a worrying 7.7%-point increase from the previous year. No staff should experience harassment, bullying or abuse when at work. The trust acknowledges the urgency in tackling harassment, bullying and/or abuse of staff and we are working in collaboration with the Northwest BAME Assembly to implement their Anti-Racist Framework. Despite the increase, Alder Hey performed better than 82% of NHS Trusts.

Indicator 6 – Percentage of staff experiencing harassment, bullying or abuse from staff

WRES Indicator	DESCRIPTOR	BME 2021	White 2021	BME 2022	White 2022
6 NHS Staff Survey	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	20.1%	16.9%	19.8%	18.5%

Table 7: Harassment, bullying or abuse in the last 12 months (staff)

There is a very slight decrease in the percentage of BME staff who have experienced harassment, bullying or abuse from their colleagues. Alder Hey performed better than 91% of NHS Trusts nationally. This is a positive move in the right direction, although we will continue to work hard to prevent staff from experiencing any form of harassment, bullying or abuse, building a culture where staff feel safe and a sense of belonging.

Indicator 7 – Percentage of staff believing the Trust provides equal opportunities for career progression or promotion

WRES Indicator	DESCRIPTOR	BME 2021	White 2021	BME 2022	White 2022
7 NHS Staff Survey	Percentage of staff believing that the organisation provides equal opportunities for career progression and/or promotion	51.0%	63.9%	49.3%	61.1%

Table 8: Opportunities for career progression or promotion

The data in Table 8 indicates that 49.3% of Black minority ethnic staff believe that Alder Hey provides them with equal opportunities for career progression or promotion compared to 61.1% of White staff. There is a 1.7%-point deterioration from the previous year and remains higher than the national average of 47.0%. We will explore our opportunities for staff progression and or internal promotion processes to equalise experiences.

Indicator 8 – Percentage of staff personally experiencing discrimination at work from their manager/team leader or colleagues

WRES Indicator	DESCRIPTOR	BME 2021	White 2021	BME 2022	White 2022
8 NHS Staff Survey	Percentage of staff experienced discrimination at work from manager/team leader or other colleagues in the last 12 months	10.5%	5.6%	12.5%	6.1%

Table 9: Experience of discrimination at work from manager/team leader or colleagues

The data in Table 9 reveals that 12.5% of Black minority ethnic staff at Alder Hey have directly experienced discrimination at work from either their manager, team leader or colleagues in comparison to 6.1% of White staff. The trust is committed to tackling harassment, bullying and/or abuse and over the next 12 months we will work with the REACH staff network and our trade union representatives to implement the Northwest BAME Assembly Anti-Racist Framework, developing strategies to help combat intolerable behaviour. Despite this, Alder Hey performed better than 84% of other national NHS Trusts.

Indicator 9 – Percentage difference between Board voting membership and its overall workforce

Percentage difference between the organisations' Board voting membership (Data source: NHS ESR and/or trust's local data)

WRES Indicator	DESCRIPTOR	BME 2021/22	White 2021/22	BME 2022/23	White 2022/23
9 Board Representation	Percentage difference between the organisation's Board voting membership and its overall workforce	13.3%	-17.4%	10.7%	-15.3%

Table: 10 Board representation

The percentage difference between the organisation's Board voting membership and its overall workforce has declined by 2.6% points for Black minority ethnic staff and -2.1% points for White staff. The current percentage of BME Board members is 22.2% (4) in comparison to 72.2% (13) White Board members. There are 28.6% (4) BME voting Board members compared to 64.3% (9) White voting Board members and 7.1% (1) voting Board member who has not declared their ethnicity.

The board representation indicator is calculated by deducting the percentage of BME staff in the workforce from the percentage of BME members on the board of directors. A positive value means that the percentage of BME members on the board of directors is higher than in the workforce, and a negative value means that the percentage of BME members on the board of directors is lower than in the workforce.

Conclusions and next steps

The report provides an assessment of the Trusts current position regarding the experiences of Black minority ethnic staff working at Alder Hey. Based on the 2022/23 data presented in this report, and the recommendations from NHS England the following have been identified as areas that the trust must focus on for improvement:

- Career progression in clinical roles (lower to middle level)
- Career progression in clinical roles (lower to upper levels)
- Board representation (overall and voting members)

With the support and involvement of the REACH staff network, the WRES action plan (Appendix 1) has been developed in response to the WRES data and we will work together to make improvements against the themes identified as concerns. We will, where possible, link our actions to the NHS Equality, Diversity, and Inclusion Improvement Framework to ensure we our activities are robust, align, and work towards improving the experience of our staff.

Appendix 1: WRES Improvement Plan

Action	Objective	Progress	Next Steps	Timescales
Provide inclusive career progression opportunities for development	Inequalities and differentials in experience	<ul style="list-style-type: none"> • Work with the REACH staff network to proactively address areas of concern, improving our understanding about the experiences of our BME staff • Continue to work closely with our Freedom to Speak Up Guardian • Continue to promote and support inclusive access to training, learning and development opportunities 	<ul style="list-style-type: none"> • Ensure that career conversations are embedded into staff annual appraisal process • Develop inclusive leadership training programme (link to HI action 1) • Use the intelligence from staff network members to identify any specific gaps requiring the development of bespoke training • Make sure that our Internationally educated staff are encouraged and have access to development opportunities (link to HI action 5) • Develop a talent management plan looking to improve the diversity of 	<p>December 2023</p> <p>March 2024</p> <p>March 2024</p> <p>December 2023</p> <p>July 2024</p>

			<p>executive and senior leadership teams (link to HI action 2)</p> <ul style="list-style-type: none">• Review starter, leaver data triangulating this with exit interviews to identify any themes related to career progression (link to HI action 2)	December 2023
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