Meeting of the People Committee/Trust Board

Thursday, 25 May 2023

**Workforce Race Equality Standard and Workforce Disability Standard Data Report 2023**

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Executive Summary

* 1. This is report on the WDES and WRES data for 2023. Appendices 1 and 2 set out a narrative on the WRES and WDES data respectively. The data itself will be published via the NHS Data Collections portal; and a collections spreadsheet is attached for both the WRES and WDES
	2. Data relating to the Annual Staff Survey 2022 was shared at the last meeting of the Equality and Inclusion Steering Group, which demonstrated little difference from the previous year. Performance on the other quantifiable metrics has improved for both the WRES and the WDES.
	3. The WRES and WDES data must be published by 30 May 2023, and the action plan(s) published by 30 October 2023. Further analysis of the workforce data will be brought to the Equality Steering Group (in June) and the Action Plan will be brought to this Steering Group and the People Committee later in the year.

Recommendation

The Committee is asked to note the data and approve its publication, which must be by 31 May 2023

Appendices

1 WRES Data Report

2 WDES Data Report

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| **Meeting:** People Committee**Date:** 25 May 2023 |
| **Title:** Workforce Race Equality Standard and Workforce Disability Equality Standard Data Reports 2023 |
| **Introduction**  |
| This is the annual data return for these national metrics. The publication date was brought forward from August to May, and approval for publication is requested. Further analysis will be undertaken and brought to a later meeting, together with an update to the WRES and WDES Action Plans, and benchmarking with other Trusts.These metrics are only for a limited number of nationally benchmarked indicators, and do not necessarily cover all the issues the Trust might prioritise.The staff perception data has not been included in this report, as it was brought to the meeting in March 2023. That data is already in the national data set and does not need to approved by the Committee.  |
| **Current Status**  |
| There is mixed progress on these metrics. The likelihood of being appointed from shortlist to hire has deteriorated for Black, Asian, and Minority Ethnic/Global Majority (described in the indicators as BME) candidates, but improved for disabled candidates. The WRES metrics on entering formal procedures are close to equity, but the WDES shows that disabled staff are almost twice as likely as non-disabled staff of being in capability procedures.Although not included in this report, the Staff Survey data shared in March, continues to raise concerns about behaviours, such as bullying, harassment, and discrimination. |
| **Goal / Aims** |
| The overall aim to achieve equity on all indicators. Actions already in the Trusts work programme include: a new focus on understanding, dealing with and preventing bullying and harassment; prioritizing managers for training on ‘De-biasing Recruitment’; improving consideration of reasonable adjustments; and further work on positive action. |
| **Countermeasures** |
| The Recommendation at this stage is to approve the publication of the data, so that it can be used for further analysis, preparing future plans, and consulting with staff and staff networks on specific priorities and actions. |

**Appendix 1A –WRES Data report**

# Executive summary

1.1 The main purpose of the Workforce Race Equality Standard (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, and,
		- to improve BME representation at the Board level of the organisation.

1.2 The WRES assessment has been prepared following revised technical guidance published by NHS England in 2021. There are 9 performance indicators.

[For indicators 2, 3 and 4, a score of 1.00 equals equity. A score of greater than 1.00 shows an advantage to White staff; a score of less than 1.00 shows an advantage to BME staff.]

1.4 It is a mandatory requirement in NHS standard contracts (Schedule 6a) to report on the WRES, and publish the data by 31 August each year, and publish a WRES Action Plan by 30 September.

1. **KEY FINDINGS**
	1. The WRES data report has been prepared following revised technical guidance published by NHS England in 2021. There are 9 performance indicators, [For indicators 2, 3 and 4, a score of 1.00 equals equity. A score of greater than 1.00 shows an advantage to White staff; a score of less than 1.00 shows an advantage to BME staff.] Indicator 9 (Board representation is not included in this report, is in the online data report.
	2. **Indicator 1** – **Workforce profile**

Staff in each of the Agenda for Change (AfC) Bands 1-9 and VSM (including Executive Group members) compared with staff in the overall workforce.

This information is required to be broken down not only by band, but also separating clinical non-medical, medical and dental and non-clinical staff. The data shows that there points in progression between grades where the proportion of BME staff in the workforce is lower than expected. For example, there is a dip in representation from Bands 6 and 7, (in previous years the dip was between Bands 5 and 6) and progressively from Bands 5 through to 8a in the non-medical clinical workforce. The Trust’s workforce is considerably more diverse than the local population, and the representation of staff for Black, Asian and Minority Ethnic (BME) backgrounds is similar to the local population from Bands 5 to 7 of the non-clinical workforce.

There is significantly higher representation of people from BME backgrounds in medical and dental roles, which is reflective of the profile of their professions.

Tables illustrating the workforce profile will follow, but the data can be viewed in the WRES Data Submission circulated with this report.

* 1. **Indicator 2** - Relative likelihood of staff being appointed from shortlisting across all posts.
	**Performance in 2022: 1.67 (or lower\*)**

In 2015/16, White people shortlisted for interview were 2.58 times more likely than BME people to be appointed. By 2020 this gap narrowed to 1.1 times, and widened by 2022 to 1.52 times. The ratio for 2023 appears to be **1.67**, which suggests that White people are more than one and a half times as likely to be appointed from shortlist compared to Black, Asian, and Minority Ethnic/Global Majority people. However, it appears that almost 50% of hires have ‘unknown’ as their ethnicity (not declared as unknown/declined, but unrecorded), on the electronic staff record (ESR), despite the recruitment platform, TRAC, having significantly low numbers of ‘unknown’ ethnicity at the shortlisting stage. A brief examination of the personal data on ESR suggests that a significant proportion of those identified on ESR as ‘unknown’ are likely to be Black, Asian or Minority Ethnic/Global Majority. An action is therefore required to encourage staff to update their personal data on ESR, and for the Resourcing Team to ensure that TRAC data is more accurately transferred to ESR. The likelihood ratio of 1.67, is, therefore, the worst scenario in terms of this indicator. At this stage, it is not possible to produce an accurate ratio, but a broad estimate, based on an examination of personal data, indicates that the ratio could be in the region of 1.2.

Indicator 2 needs to be read in conjunction with indicator 1, the workforce profile, which continues to identify pay and progression differentials for Black, Asian and Minority Ethnic staff, although there has been a shift in pay progression for Black, Asian and Minority Ethnic/Global Majority staff from Band 5 to Band 6, possibly as a result of career development at the Band 5/6 threshold.

For clarity, in accordance with the technical guidance this indicator *does* include international nurse recruitment (consistent with previous reports).

* 1. **Indicator 3** - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. **Performance in 2022:1.06**

30 people have entered a formal disciplinary investigation in the 2022/23 (16 White, 10 BME, 4 unknown), giving a relative likelihood of **1.06**. However, in reality 0.58% of White staff, and 0.62% of BME staff were in those procedures; giving a relative likelihood of 1.06, illustrates that BAME staff are marginally more likely to be in disciplinary measures that White staff, but that the difference has narrowed significantly too.

**Table - Indicator 3 – FORMAL PROCEDURES**

Likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

|  |  |  |  |
| --- | --- | --- | --- |
| WRES year | White employees | BME employees | **Relative likelihood (ratio)**(1.00 = equality) |
| 2023 | 0.58% | 0.62% | 1.06 |
| 2022 | 0.5% | 0.4% | 0.80 |
| 2021 | 0.74% | 0.76% | 1.03 |
| 2020 | 1.53% | 0.90% | 0.59 |
| 2019 | 2.23% | 1.25% | 0.56 |

* 1. **Indicator 4** - Relative likelihood of staff accessing non-mandatory training and CPD.
	**Performance in 2022: 1.00**

NHS organisations set and are expected to explain their definition of non-mandatory training. The Trust defines access to non-mandatory training as being all training available via My ESR (the training platform that is part of the NHS Electronic Staff Record) with the exception of Statutory and Mandatory training courses under the Core Training Standards Framework, and courses regarded as essential training (including FIT testing). Continued Professional Development (CPD) is defined as formal courses provided by Universities and other external providers. In house professional development specific to individual clinical disciplines and medical education are not included. The take up of either CPD or Non-mandatory training is compared for White and BME staff, and the data taken from the Electronic Staff Record (ESR)

The data for this indicator shows that the performance on this indicator shows that 97.46% of BME staff and 97.46% of White staff accessed non-mandatory training. This creates a relative likelihood of uptake at 1.00. This compares to 1.05 in 2022.

**Table - Indicator 4 – NON-MANDATORY TRAINING**

Likelihood of staff accessing non-mandatory training and CPD

|  |  |  |  |
| --- | --- | --- | --- |
| Year | White employees | BME employees | **Relative likelihood****(ratio)**(1.00 = equality) |
| 2023 | 97.48% | 97.46% | 1.00 |
| 2022 | 86% | 82% | 1.05 |
| 2021\* | 25.6% | 41% | 0.62 |
| 2020 | 96% | 98% | 0.98 |
| 2019 | 70.04% | 82.45% | 0.85 |

Note: Up to 2020, and in 2022, essential training was included in the definition of non-mandatory training. However, the uptake of non-mandatory training in 2020 was artificially inflated by the inclusion of Covid-19 related training in January to March 2020. Therefore, universal essential training was removed from the calculations in 2021 only

**Indicators 5-8** – Staff Perception indicators

These were reported at the last meeting, of the Committee, and do not need to be submitted by the Trust, as they are already published.

**Indicators 9** – Board Representation

This indicator compares the ethnic representation of the Board to the workforce as a whole. It shows that White people are 27.2% over-represented on the Board, and Black, Asian or Minority Ethnic/Global Majority people are 13.1% under-represented.

**Appendix 2 –WDES Data report**

# Executive Overview

1.1 The main purpose of the WDES is:

* + - to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the ten WDES indicators,
		- to produce action plans to close the gaps in workplace experience between disabled and non-disabled staff, and,
		- to improve representation at the Board level of the organisation.

1.2 The WDES assessment has been prepared following technical guidance first published by NHS England in 2019, and amended in 2021 and 2022. Performance on two of the quantifiable indicators (1 and 2) shows disabled people are under-represented in the workforce compared to non-disabled people, but are more likely to be appointed from shortlist. The staff perception indicators (4 to 9) were reported to the Committee in March, and have not been repeated here. They were drawn from the staff survey and consistently indicate that disabled employees are less satisfied than their non-disabled colleagues, but the direction of travel has improved compared to the previous year. Disabled people’s reporting of experiencing bullying and harassment by patients, community and colleagues is of particular concern.

1.4 An action plan to address concerns and improve performance will be developed by the Trust’s Equality and Inclusion Steering Group, in consultation with disabled staff, by 30 October 2022.

1. **Key Findings**

3.1 **Indicators 1 and 10: Disabled representation across the workforce**

The assessment indicates that 3.63% of employees have declared that they are disabled (a marginal decrease from 3.9% last year), 73.71% have declared that they are not disabled (down from 77% last year). Just four employees on Agenda for Change band 8a or above (down from ten in 2022), and three medical staff, have identified as disabled (no change from 2022).

3.2 **Indicator 2 (Relative likelihood of appointment from shortlisting)
Current performance 0.61**

The statistics show that disabled people were more likely than non-disabled staff to be appointed, as was the case in 2022. However, the low declaration rate of disability amongst applicants and staff could be a significant factor in this statistic.

3.3 **Indicator 3 (Relative likelihood of being in capability procedures, other than sickness absence, in the past two years): 1.94**

27 disabled people were in these procedures, compared to 210 non-disabled people, over the past two years. The relative likelihood (when compared to the number of staff in the workforce) is 1.94, which is a deterioration from the previous year (1.54)

3.4 **Performance on the staff perception indicators.**

These were reported at the last meeting, of the Committee, and do not need to be submitted by the Trust, as they are already published.

3.5 **Board Representation**

This indicator compares the disabled/non-disabled representation of the Board to the workforce as a whole. It shows that non-disabled people are 26% over-represented on the Board and disabled people are 4% under-represented.