

Meeting of the People Committee Thursday, 29 September 2022

Title of Report	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Data Reports 2022	Agenda Item	X
Report Author	Alister McClure – Head of Equality and Inclusion		
Lead Director	Leon Hinton – Chief People Officer		
Executive Summary	<p>1.1 This is report on the WDES and WRES data for 2022. Appendices 1 and 2 set out a narrative on the WRES and WDES data respectively. The data itself is published via the NHS Data Collections portal, and PDF copies of the data is provided with the report.</p> <p>1.2 Of particular concern is that the staff perception data, measured by the Annual Staff Survey 2021, has largely deteriorated in terms of both race, although has largely improved regarding disability. Performance in terms of de-biasing recruitment has deteriorated, despite improvements made in recruitment policy, procedures and training. Combined with concerns about harassment (especially from patients and colleagues), this illustrates the need for a continued focus on cultural and behavioural change across the whole Trust.</p> <p>1.3 The WRES and WDES data were published by 30 August 2022, and the action plan(s) published by 30 October 2022. Further analysis of the workforce data will be brought to the Equality Steering Group (in October) and the People Committee (in November).</p>		
Resource Implications	None identified at this stage		
Legal Implications/Regulatory Requirements	The Equality Act 2010 requires all employers to demonstrate equality of opportunity for staff, as measured against nine Protected Characteristics, including Race and Disability; the NHS Standard Contract requires all provider organisations to publish information on Race and Disability equality in the form of the WRES and WDES summaries		
Quality Impact Assessment	Not applicable		

Recommendation/ Actions required	To approve the publication of the Trust's WRES and WDES data and delegate the completion and publication of the Action, by 30 October 2022, to the Equality Steering Group			
	Approval <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Noting <input type="checkbox"/>
Appendices	1: WRES Data Report 2: WDES Data Report			

Link to People Strategy

Best of People

We aim to transform ourselves through innovative staff-led improvements that meet the needs of our patients now and in the future

Best Future

We will deliver a workforce ready for the future, supported with the right skills to deliver quality care and to allow us to reach our full potential

APPENDIX 1A –WRES DATA REPORT

1 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.]
- 1.3 Reporting against WRES indicators 2 (recruitment) and 3 (formal disciplinary procedures) this year has been held up by late changes to the national technical guidance. Rather than give unverified figures in this report, it is hoped to bring verified data to the Committee meeting.
- 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.

2 KEY FINDINGS

- 2.1 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.
- 2.2 **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 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.

2.3 Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts. Performance in 2022: 1.52

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 in 2021 to 1.47. In 2022 this gap has widened to 1.52 times. This trend is concerning, especially given the changes that have been made to recruitment procedures, development of BAME representation on recruitment panels, and the introduction of essential recruitment training, all aimed at de-biasing recruitment.

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.

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

2.4 Indicator 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. Performance in 2022:0.8

23 people have entered a formal disciplinary investigation in the 2021/22 (15 White, 6 BME, 2 unknown), giving a relative likelihood of **0.8**. The online data return (circulated with the report) shows the figure as 0 (i.e. void), because the number of staff in the disciplinary process is too small to register, because of the way the WRES rounds the data. However, in reality 0.5% of White staff, and 0.4% of BME staff were in those procedures; giving a relative likelihood of 0.8. For comparison the performance in 2020 was 0.59 (i.e. White staff more likely to enter the formal disciplinary than BME staff), whereas the 2021 figure of 1.03 meant that BME were marginally more likely to be in a formal investigation than White staff, albeit that the gap between BME and White staff has narrowed to be close to equity. A figure of 0.8 illustrates that White staff are marginally more likely to be in disciplinary measures than BME staff, and that the difference has narrowed fractionally 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)
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

2.6 **Indicator 4 - Relative likelihood of staff accessing non-mandatory training and CPD.**
Performance in 2022: 1.05

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.

The data for this indicator shows that the performance on this indicator shows that 82% of BME staff and 86% of White staff accessed CPD or non-mandatory training. This creates a relative likelihood of uptake at 1.02. This compares to 0.62 in 2021.

Table - Indicator 4 – NON-MANDATORY TRAINING

Likelihood of staff accessing non-mandatory training and CPD			
	White employees	BME employees	Relative likelihood (ratio) (1.00 = equality)
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

Staff survey data is reported retrospectively, therefore the WRES 2022 uses the Staff Survey data from 2021. For almost all of the perception indicators there has been a deterioration in performance from the previous survey, and a widening of differentials between Black, Asian and Minority Ethnic (described in the WRES as BME) Staff and White staff. The notable exception is the improvement (5 percentage points) in the proportion BME staff reporting they consider that the Trust provides equal opportunities for career progression and promotion. The deteriorations are concerning, and indicate the continued need to focus on improving the culture and behaviours in the Trust.

WRES PERCEPTION INDICATORS

Staff Survey Question, 2021		BAME				White				Direction of Travel	
WRES Indicator	Staff Survey Question, 2021	2018	2019	2020	2021	2018	2019	2020	2021	For BAME Staff	Gap between BAME and White
5	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	28.0%	31.1%	32.1%	35.9%	30.5%	28.9%	25.4%	31.2%	Deterioration	Widened
6	% of staff experiencing harassment, bullying or abuse from staff in the last 12 months	31.8%	32.1%	31.8%	31.9%	32.4%	26.1%	31.1%	28.5%	Deterioration	Widened
7	% of staff believing their organisation provides equal opportunities for career progression or promotion	39.4%	38.6%	38.4%	43.4%	48.3%	52.2%	54.6%	56.6%	Improved	Narrowed
8	% of staff responding to say they had personally experienced discrimination at work from managers, team leaders, or other colleagues	14.6%	10.9%	16.8%	19.2%	7.6%	6.6%	8.8%	7.6%	Deterioration	Widened

3 Next Steps

- 3.1 The WRES data summary is now published directly onto the NHS Data Collections portal. This was completed by the deadline of 31 August. Following consideration of this report, the Trust's must develop an action plan to implement to improve on the WRES indicators in future years, to be published on the Trust website by 30 October 2022. The People Committee is asked to delegate this responsibility to the Equality Steering Group, to ensure publication by the due deadline. A further report will brought to the Committee in November.
- 3.2 Further analysis of the WRES data and an action plan will be worked up for consultation with the Equality Steering Group, in consultation with the Black, Asian and Minority Ethnic (BAME) Staff Network. Staff Networks exists across the NHS as part of staff engagement, in this instance with BAME staff across this Trust. The BAME Staff Network is an existing group, open to all BAME staff, with a core steering group.
- 3.3 BAME is a current preferred term for our BAME Network, even though the WRES Data Reports, nationally, continue to use the term BME.

4 Recommendation

- 4.1 It is recommended that the WRES Action Plan 2022 be developed in consultation with the Equality and Inclusion Steering Group and the BAME Network.

APPENDIX 2 –WDES DATA REPORT

1 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 to be disadvantaged compared to non-disabled people in recruitment and senior representation. However, on indicator 3 there was only one disabled staff in capability procedures (not including sickness absence), so the indicator should be read in that context. The staff perception indicators (4 to 9) are 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.

1.3 This report is only the fourth WDES data report, so longer term trends might not be known until later years.

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.

2 Key Findings

3.1 Indicators 1 and 10: Disabled representation across the workforce

The assessment indicates that 3.9% of employees have declared that they are disabled (a marginal increase from 3.6% last year), 77.3% have declared that they are not disabled (up from 75.4% last year), and 18.8% have not declared whether or not they are disabled (a reduction on last year's figure of 21%). Just ten seven employees on Agenda for Change band 8a or above (up from seven in 2021), and five medical staff, have identified as disabled (up from three in 2021).

3.2 Indicator 2 (Relative likelihood of appointment from shortlisting) Current performance 1.37

The statistics show that non-disabled people were 1.37 times more likely than disabled staff to be appointed, which is deterioration from both 2021 and 2020, when the likelihood was 1.17 and 1.22, respectively. 20.4%% of disabled people and 27.9% of non-disabled people were appointed after shortlisting. This shows a disadvantage for disabled people, which is of concern given the improvements made to recruitment policy and procedures.

3.3 **Indicator 3 (Relative likelihood of being in capability procedures, other than sickness absence)**

Only one disabled person was in these procedures, compared to 13 non-disabled people. The relative likelihood (when compared to the number of staff in the workforce) is 1.53. However, the small numbers of staff in these procedures means that the statistical variation from year to year can be significant.

3.4 Performance on the staff perception indicators.

Staff survey data is reported retrospectively, therefore the WDES 2022 uses the Staff Survey data from 2021. For almost all of the perception indicators there has been an improvement in performance from the previous survey, in respect of differentials between disabled and non-disabled staff. The notable exception is the marginal improvement with regard to disabled staff reporting they have experienced harassment, bullying or abuse from other colleagues and patients in the previous 12 months.

WDES PERCEPTION INDICATORS

Staff Survey Question, 2021		Disabled				Non-disabled				Direction of Travel	
WDES Indicator	Staff Survey Question, 2020	2018	2019	2020	2021	2018	2019	2020	2021	For Disabled Staff	Gap between Disabled and Non-Disabled
4a	% of staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	37.6%	36.5%	30.7%	37.3%	28.5%	27.5%	30.9%	31%	Deterioration	Widened
	% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	29.2%	22.3%	25.2%	21.4%	18.2%	14.4%	17.4%	13.4%	Improvement	Narrowed
	% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	29.9%	30.1%	25.5%	30%	21.5%	19%	21.1%	31%	Deterioration	Narrowed
4b	% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	45.1%	47.3%	42.4%	52.3%	44.0%	45.6%	43.4%	46.2%	Increased Reporting Rate	Widened
5	% of staff believing that the Trust provides equal opportunities for career progression or promotion.	40%	50.9%	47.8%	51.7%	47.8%	50.4%	51.6%	53.7%	Improvement	Narrowed

Staff Survey Question, 2021		Disabled				Non-disabled				Direction of Travel	
6	% of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	37.9%	33.2%	39.0%	37.2%	29.7%	24.7%	28.1%	29.8%	Improvement	Narrowed
7	% staff saying that they are satisfied with the extent to which their organisation values their work.	24.0%	35.1%	30.4%	31.3%	36.0%	43.6%	40.3%	40.2	Improvement	Narrowed
8	% of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	60.1%	70.2%	64.4%	65.3%					Improvement	
9	The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	5.8	6.5	6.1	6.2	6.5	7.1	6.7	6.7	Improvement	Narrowed

3 Next Steps

- 3.1 The WDES data summary is already published on the NHS data collection portal. The next step, following consideration of this report by this committee, is to develop an action plan for the Trust to implement to improve on the WDES indicators in future years, to be published on the Trust website by 30 October 2022.
- 3.2 Further analysis of the WDES data and an action plan will be worked up for consultation with the Equality and Inclusion Steering Group.

4 Recommendation

- 4.1 It is recommended that the WDES Action Plan 2021 be developed and approved by the Equality and Inclusion Steering Group for publication by 30 October 2022