

Meeting of the People Committee Tuesday, 20 July 2021

Title of Report	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Data Reports 2021	Agenda Item	16.0
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 2021. Appendices 1A and 1B set out the WRES data, and appendices 2A and 2B set out the WDES data. The purpose of both data reports is to help the Trust develop action plans for the future. The data from 2021 measures progress against action plans set in 2019 and before, since the WRES and WDES Action plans for 2020 were not published until October 2020. This most recent data, combined with the WRES and WDES action plans 2020 and other work, will be used to develop a new action plan, and inform the Trust's Equality and Inclusion Strategy.</p> <p>1.2 Some late changes to the technical guidance (including changes made as late as 14 July) have meant that it has not been possible to verify some of the data with respect to recruitment and employee relations. It is hoped to report that data to the Committee meeting, once verified.</p> <p>1.3 Of particular concern is that the staff perception data, measured by the Annual Staff Survey 2020, has largely deteriorated in terms of both race and disability, illustrating the need for a focus on cultural and behavioural change across the whole Trust.</p> <p>1.4 The WRES and WDES data must be published by 31 August 2021, and the action plan(s) published by 30 September 2021.</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 Gender Pay Gap and supporting statement (as set out in Appendix 1).		
	Approval <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>
			Noting <input type="checkbox"/>
Appendices	1A: WRES Data Report 1B: WRES charts and tables 1C WRES Workforce Change 2A: WDES Data Report 2B: WDES charts and data		

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; some of the changes to the technical guidance were only announced on 14th July. 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, but will be on the finalised data, to be published in August 2021.
- 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 are 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 can be found in Appendix 1.

2.3 Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts. Performance in 2021: 1.47

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. In 2021 this gap has widened to 1.47 times. However, unlike previous years, a high proportion of agency recruited staff, including international recruited staff, have been identified as having 'unspecified' ethnicity at the time of recruitment. In effect, this means that internationally recruited staff have largely not been included in the BME category during recruitment, although may self-identify once employed.

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.

2.4 Indicator 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. Performance in 2021:1.03

33 people have entered a formal disciplinary investigation in the 2020/21 (22 White, 10 BME, 1 unknown), giving a relative likelihood of 1.03. 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 means 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.

2.5 Indicator 4 - Relative likelihood of staff accessing non-mandatory training and CPD. Performance in 2020: 0.62

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 41% of BME staff and 25.6% of White staff accessed CPD or non-mandatory training. This creates a relative likelihood of uptake at 0.62. A table illustrating performance Appendix 1.

2.6 Indicators 5-8 – Staff Perception indicators

Staff survey data is reported retrospectively, therefore the WRES 2021 uses the Staff Survey data from 2020. For almost all of the perception indicators there has been 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 marginal improvement (0.7 percentage points) in the proportion BME staff reporting they have experienced harassment, bullying or abuse from other colleagues in the previous 12 months. These deteriorations are concerning, and indicate the need to focus on improving the culture and behaviours in the Trust.

3 Next Steps

- 3.1 The next steps fall into two categories: firstly, ensuring the publication of the WRES data summary on the NHS England WRES portal and the Trust's website by 31 August 2021; and secondly, developing an action plan for the Trust to implement to improve on the WRES indicators in future years, to be published on the Trust website by 30 September 2021
- 3.2 Further analysis of the WRES data and an action plan will be worked up for consultation with the Equality and Inclusion 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 Workforce Race Equality Summary Data be approved for publication once all data has been verified; and the WRES Action Plan 2021 be developed in consultation with the Equality and Inclusion Steering Group and the BAME Network.

APPENDIX 1B – WRES - PERFORMANCE CHARTS AND TABLES

Indicator 1 – WORKFORCE PROFILE

Chart 1: Ethnicity - **Agenda for Change Non-Clinical Bands 2 to 9 and Very Senior Management**, by proportion, showing headcount

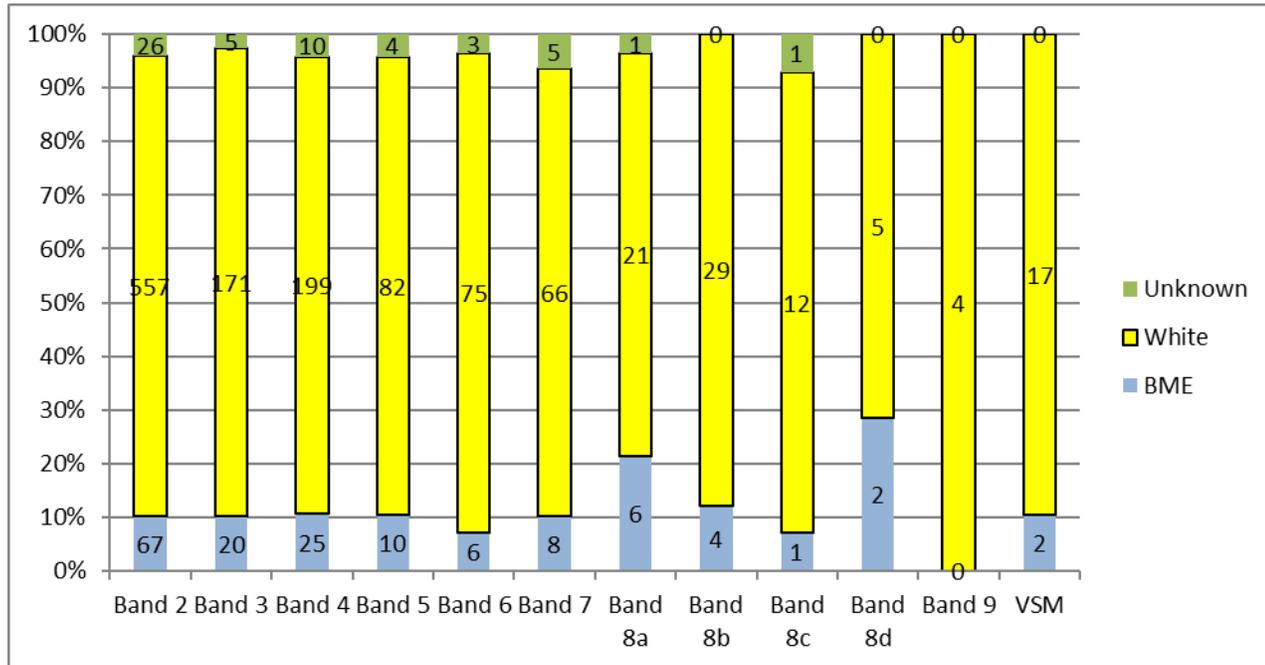


Chart 2: Ethnicity - **Agenda for Change Clinical Workforce, non-medical, Bands 2 to 9 and Very Senior Management**, by proportion, showing headcount

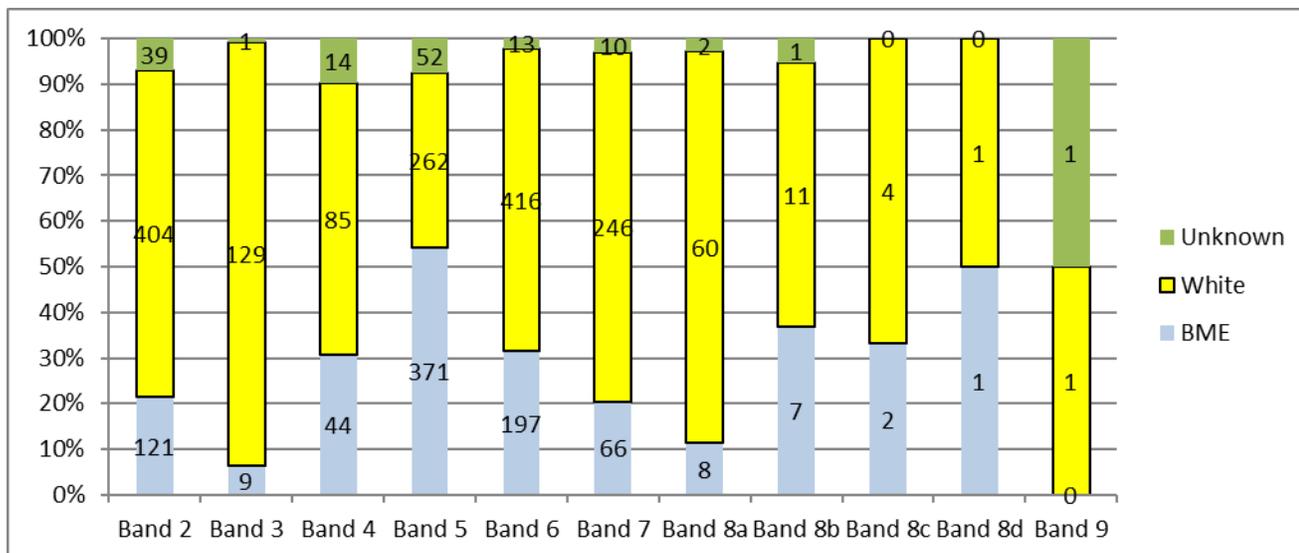
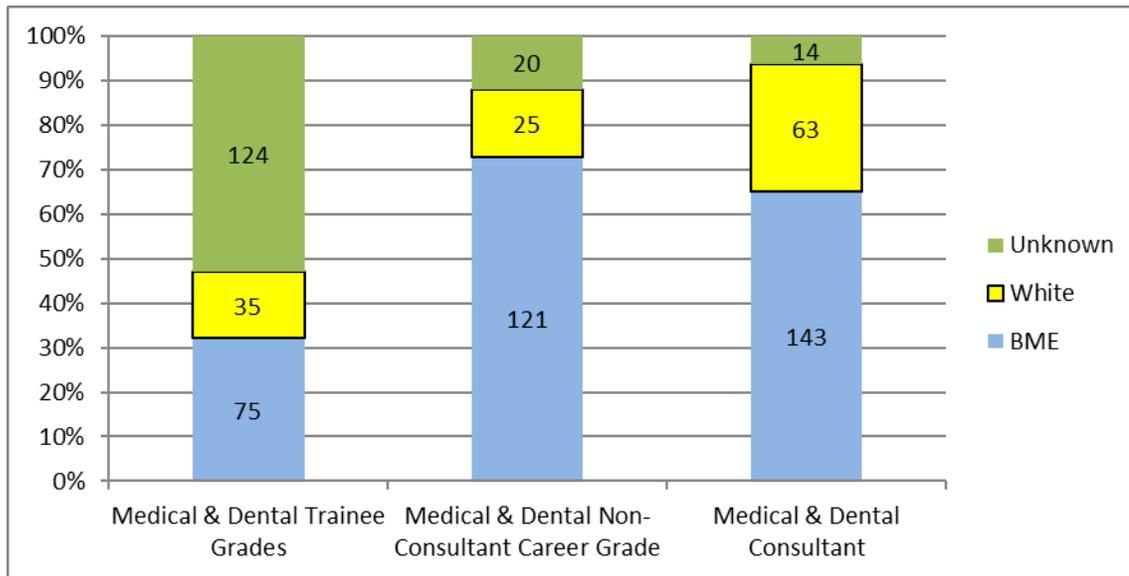


Chart 3: Ethnicity (**Clinical Workforce, Medical and Dental**) by proportion, showing headcount



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)
2021	0.74%	0.76%	1.03
2020	1.53%	0.90%	0.59
2019	2.23%	1.25%	0.56

Indicator 4 – NON-MANDATORY TRAINING

Likelihood of staff accessing non-mandatory training and CPD			
	White employees	BME employees	Relative likelihood (ratio) (1.00 = equality)
2021*	25.6%	41%	0.62
2020*	96%	98%	0.98
2019	70.04%	82.45%	0.85

Up to 2020, 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.

WRES PERCEPTION INDICATORS

Staff Survey Question, 2019		BAME			White			Direction of Travel	
WDES Indicator	Staff Survey Question, 2020	2018	2019	2020	2018	2019	2020	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%	30.5%	28.9%	25.4%	Deterioration	Widened
6	% of staff experiencing harassment, bullying or abuse from staff in the last 12 months	31.8%	32.1%	31.8%	32.4%	26.1%	31.1%	Improvement	Narrowed
7	% of staff believing their organisation provides equal opportunities for career progression or promotion	69.1%	69.4%	63.3%	76.4%	81.6%	81.2%	Deterioration	Widened
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%	7.6%	6.6%	8.8%	Deterioration	Widened

APPENDIX 1C – WRES WORKFORCE PROFILE CHANGE

Chart C1i – Agenda For Change Non-Clinical – headcount

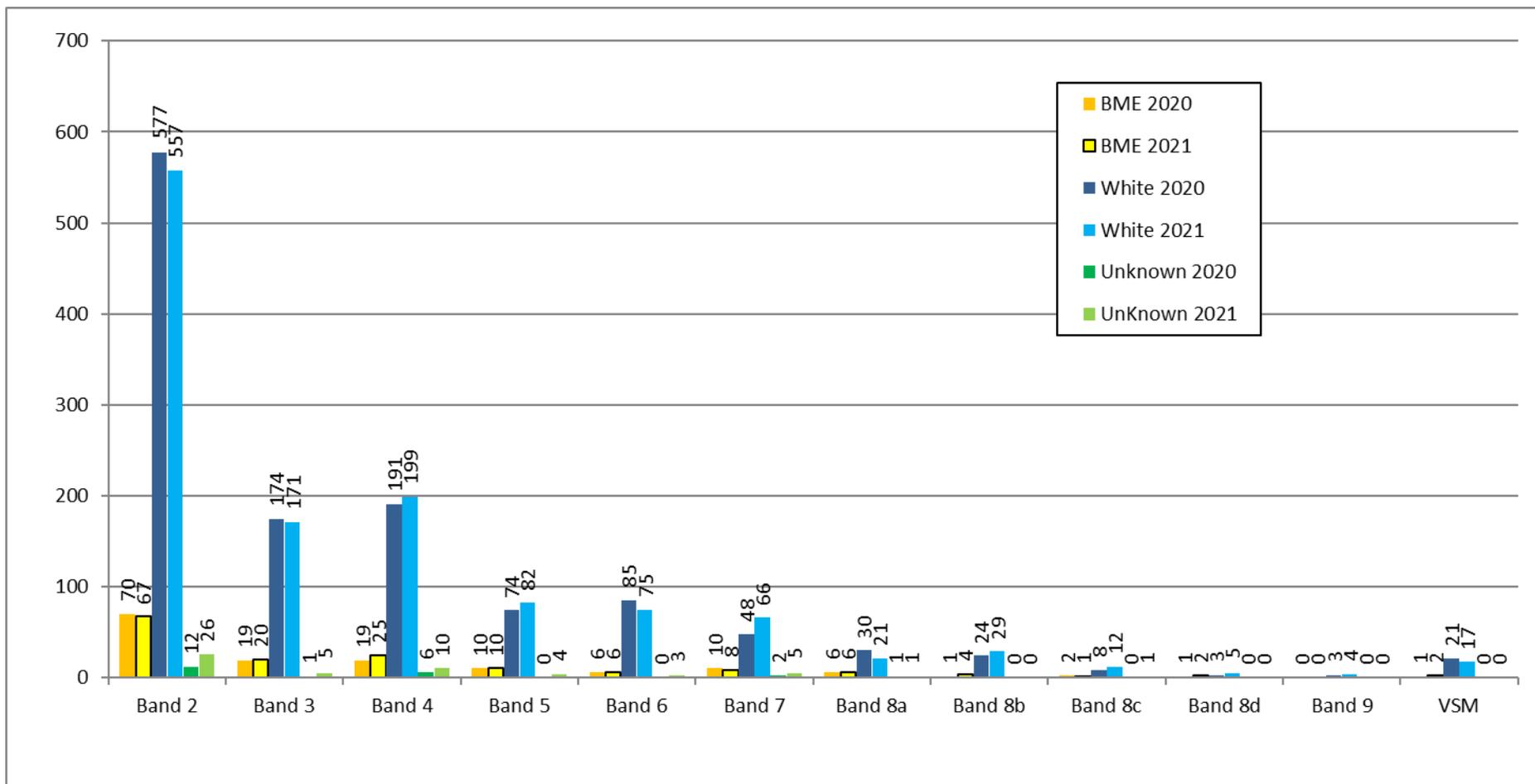


Chart C1ii – Agenda For Change Non-Clinical – by proportion

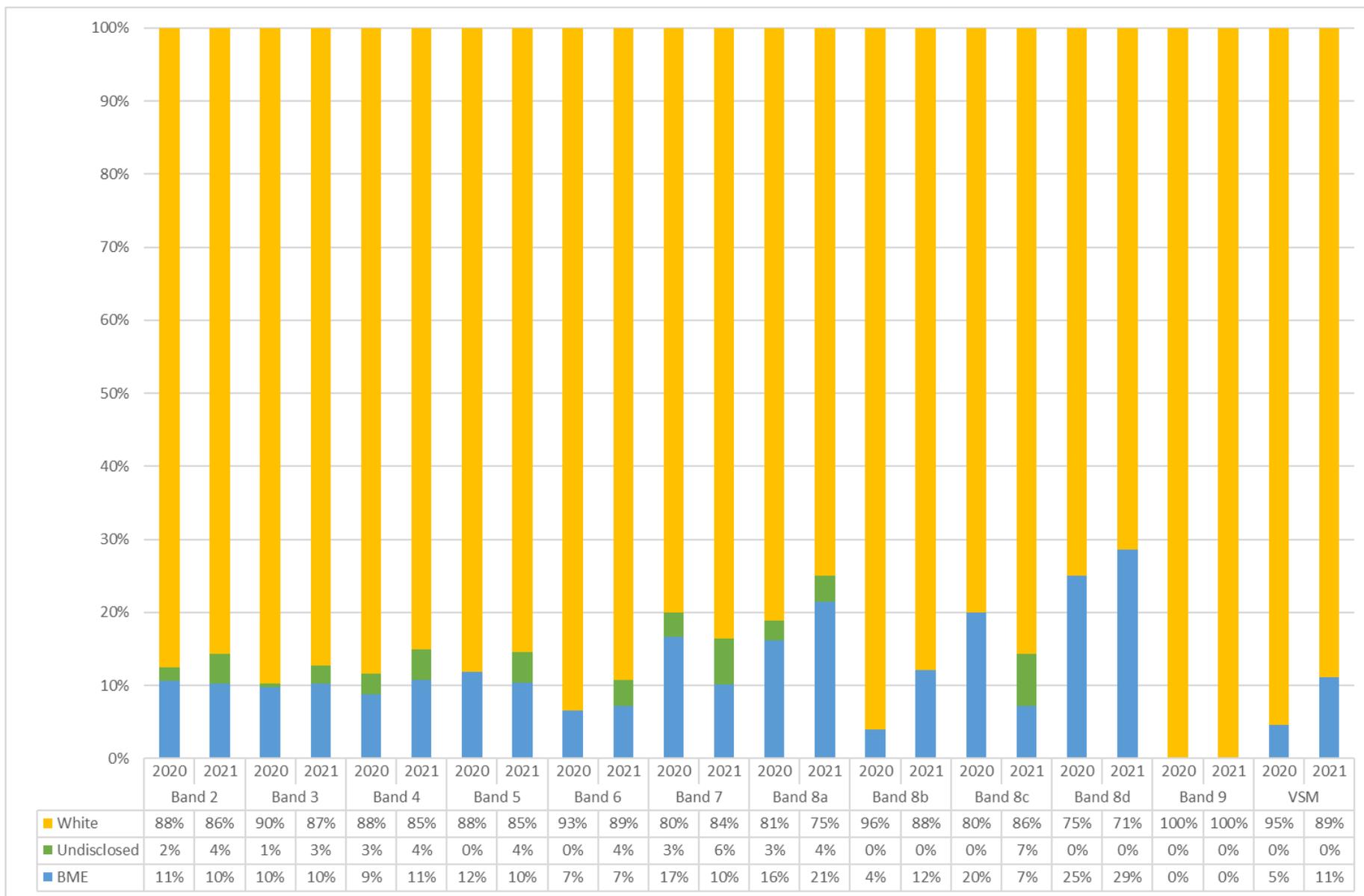


Chart C2i – Agenda For Change Clinical Non-Medical – headcount

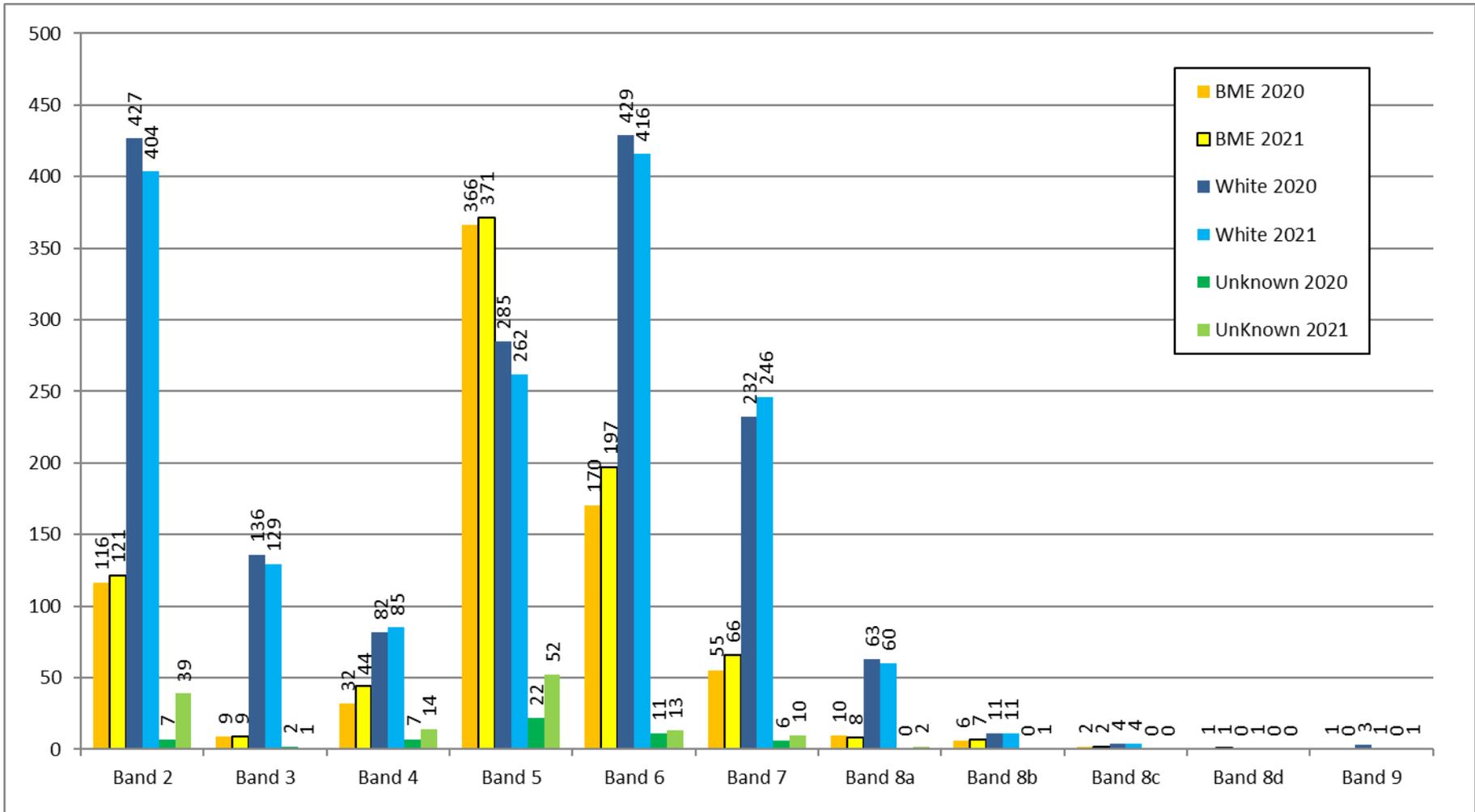


Chart C2ii – Agenda For Change Clinical Non-Medical – by proportion

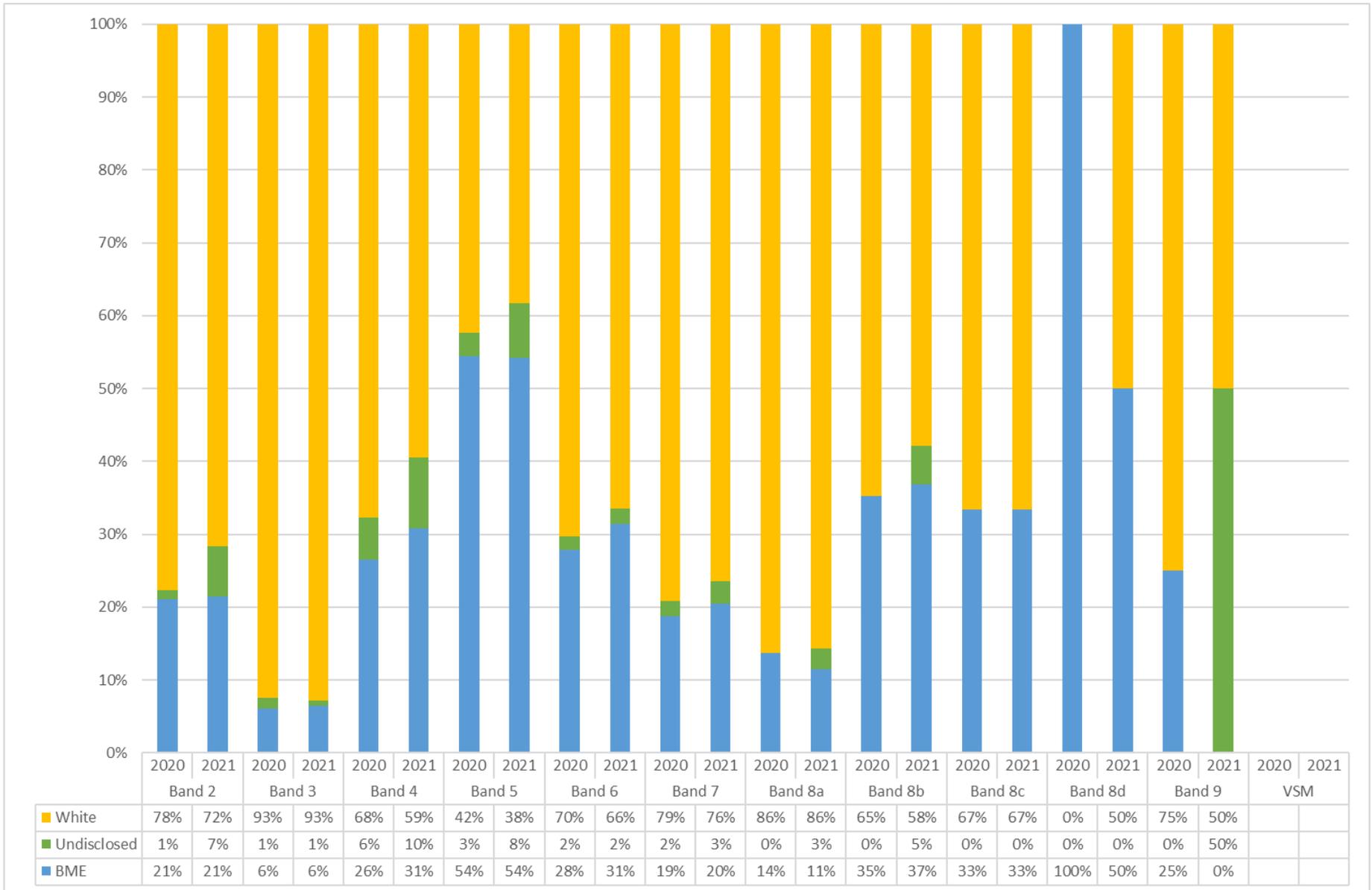


Chart C3i – Medical and Dental – headcount

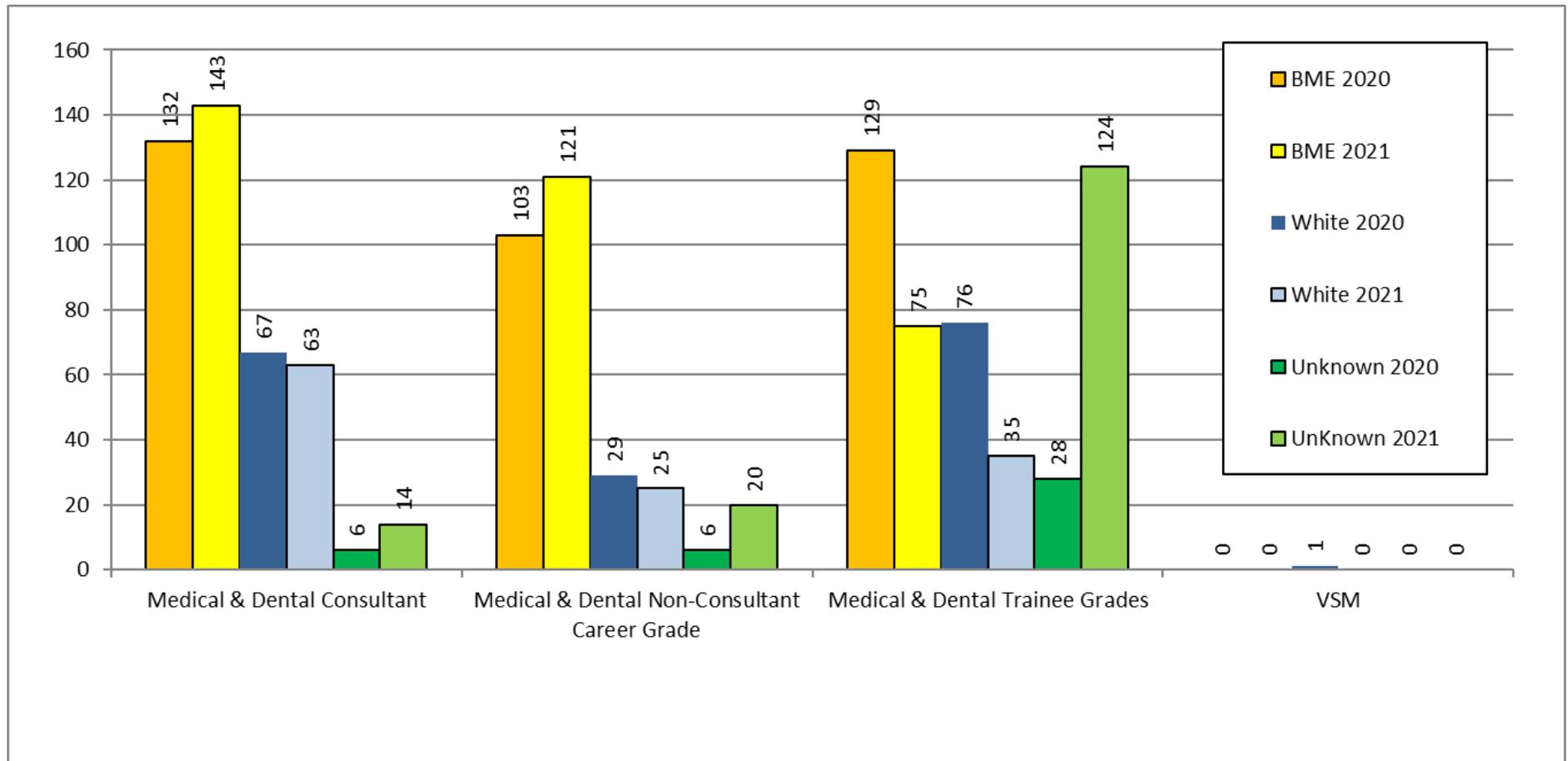
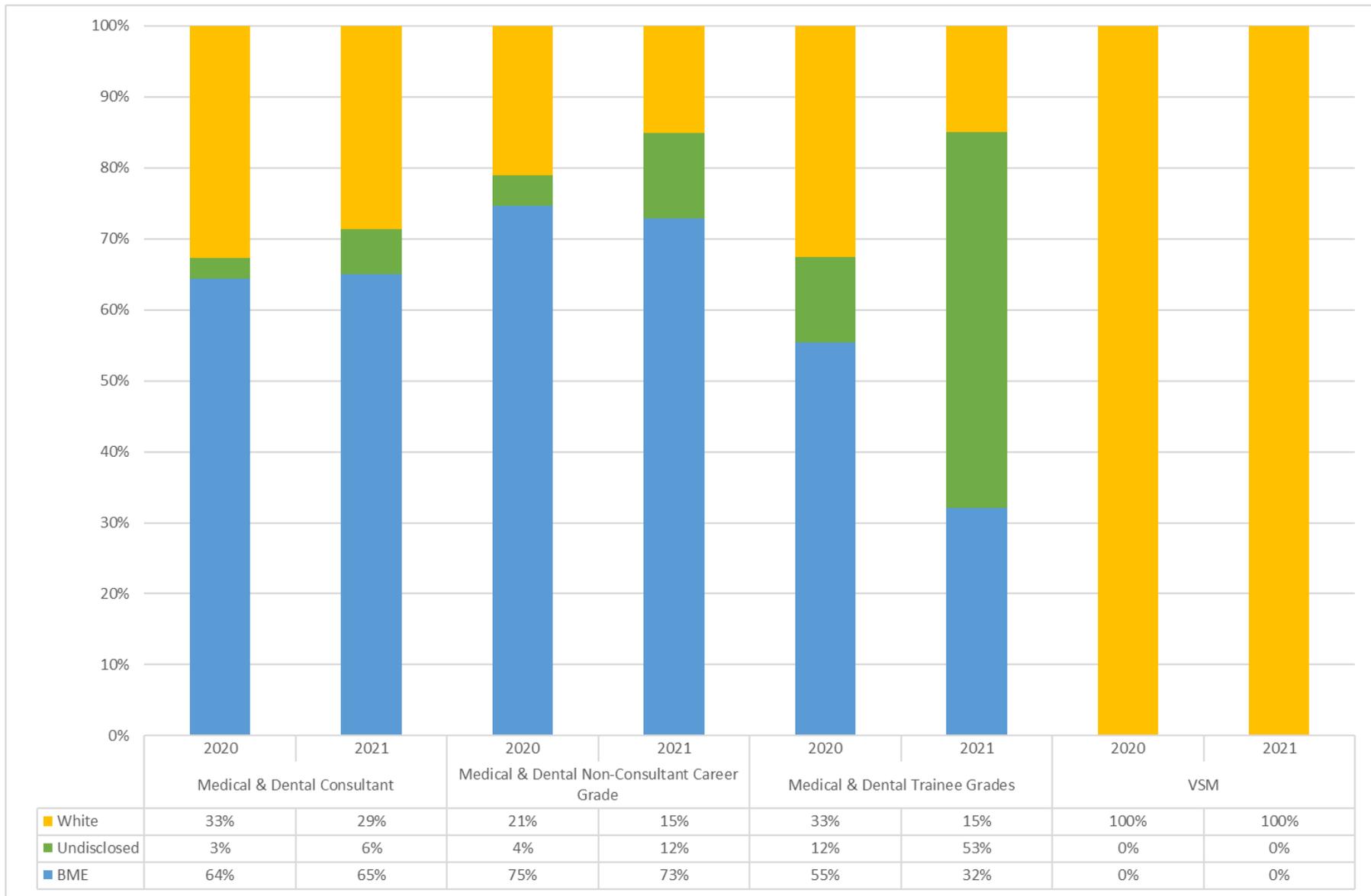


Chart C3ii – Medical and Dental – by proportion



APPENDIX 2A –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. 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 were no disabled staff in capability procedures (not including sickness absence). 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, and the direction of travel has also deteriorated compared to the previous year. However, disabled people's reporting of experiencing bullying and harassment by patients, community and colleagues has reduced.
- 1.3 This report is only the third WDES data report, so longer term trends might not be known until later years. However, the assessment indicates that 3.5% of employees have declared that they are disabled, 78.5% have declared that they are not disabled, and 18% have not declared whether or not they are disabled. Just one employee on Agenda for Change band 8b or above has identified as disabled.
- 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 September 2021.

2 Key Findings

3.1 Indicators 1 and 10: Disabled representation across the workforce

The assessment indicates that 3.6% of employees have declared that they are disabled (a marginal increase from 3.4% last year), 75.4% have declared that they are not disabled, and 21% have not declared whether or not they are disabled. Just seven employees on Agenda for Change band 8a or above, and three medical staff, have identified as disabled, although this is an increase from the previous two years.

3.2 Indicator 2 (Relative likelihood of appointment from shortlisting) Current performance 1.17

The statistics show that non-disabled people were 1.17 times more likely than disabled staff to be appointed, which is an improvement from 2020, when the likelihood was 1.22. 12% of disabled people

and 14% of non-disabled people were appointed after shortlisting. This is close to parity, but nevertheless shows a marginal disadvantage for disabled people.

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

No disabled people were in these procedures.

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

Staff survey data is reported retrospectively, therefore the WDES 2021 uses the Staff Survey data from 2020. For almost all of the perception indicators there has been deterioration 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 patients and colleagues in the previous 12 months.

3 **Next Steps**

- 3.1 The next steps fall into two categories: firstly, ensuring the publication of the WDES data summary on the NHS England WDES portal and the Trust's website by 31 August 2021; and secondly, developing 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 September 2021
- 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, in consultation with the DisAbility Staff Network. Staff Networks exists across the NHS as part of staff engagement, in this instance with Disabled staff across this Trust.

4 **Recommendation**

- 4.1 It is recommended that the Workforce Disability Equality Summary Data be approved for publication once all data has been verified; and the WDES Action Plan 2021 be developed in consultation with the Equality and Inclusion Steering Group and the BAME Network.

APPENDIX 2B – CHARTS AND TABLES

Workforce profiles

Chart 1: **Agenda for Change Non-Clinical Bands 2 to 9 and Very Senior Management, by proportion, showing headcount**

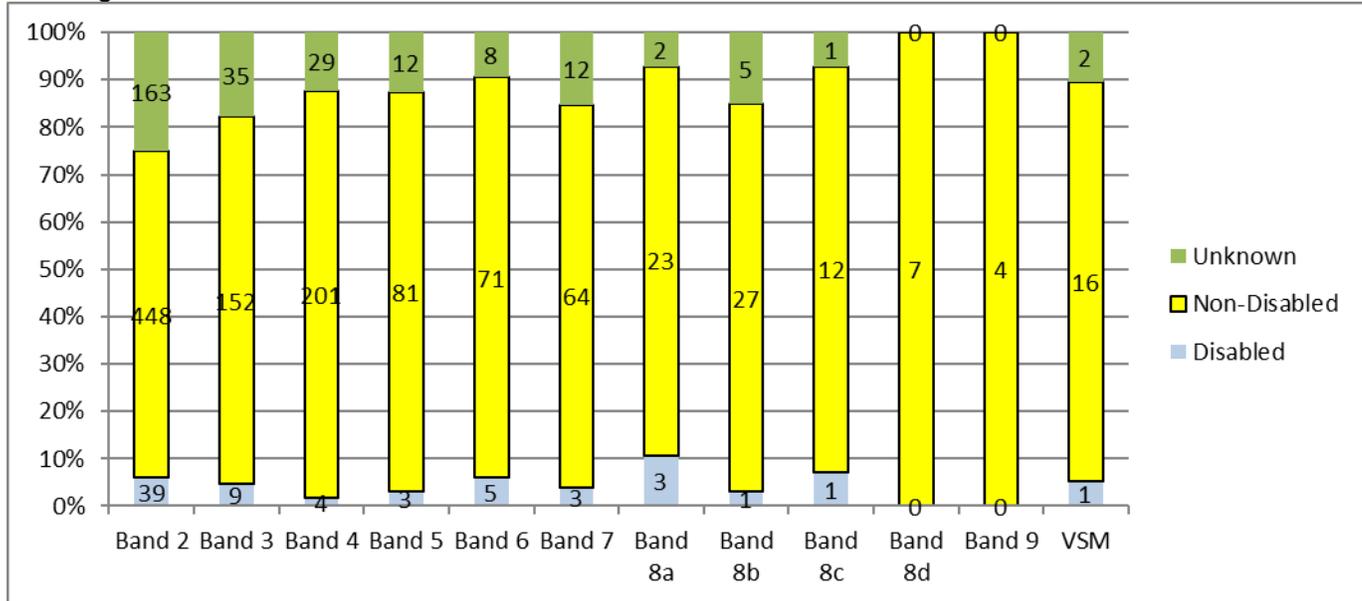


Chart 2: **Agenda for Change Clinical, Non-Medical Bands 2 to 9 and Very Senior Management, by proportion, showing headcount**

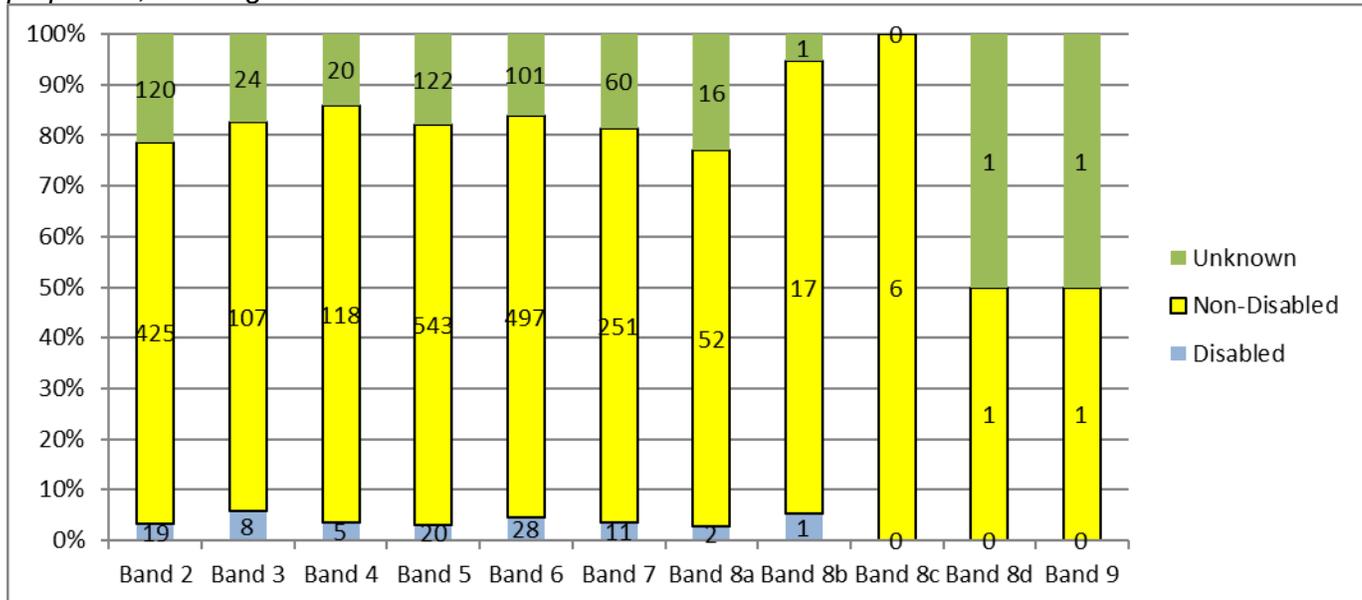
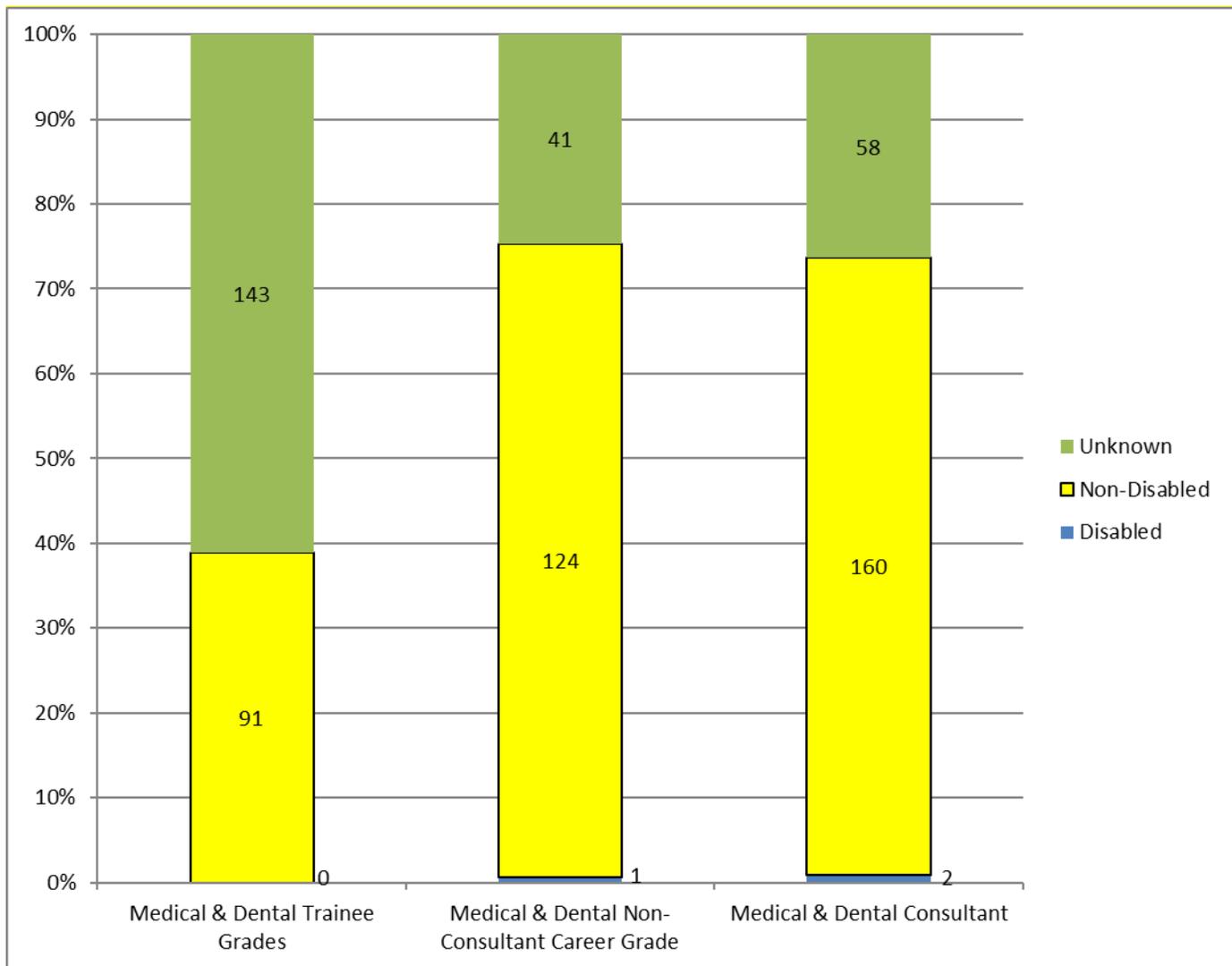


Chart 3: (Clinical Workforce, Medical and Dental) by proportion, showing headcount



WDES PERCEPTION INDICATORS

Staff Survey Question, 2020		Disabled			Non-disabled			Direction of Travel	
WDES Indicator	Staff Survey Question, 2020	2018	2019	2020	2018	2019	2020	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%	28.5%	27.5%	30.9%	Improvement	Narrowed and Reversed
	% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	29.2%	22.3%	25.2%	18.2%	14.4%	17.4%	Deterioration	Widened
	% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	29.9%	30.1%	25.5%	21.5%	19%	21.1%	Improvement	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%	44.0%	45.6%	43.4%	Reduced Reporting Rate	Narrowed
5	% of staff believing that the Trust provides equal opportunities for career progression or promotion.	66.3%	76.3%	71.7%	76.8%	79.8%	78.6%	Deterioration	Widened
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%	29.7%	24.7%	28.1%	Deterioration	Widened

Staff Survey Question, 2020		Disabled			Non-disabled			Direction of Travel	
7	% staff saying that they are satisfied with the extent to which their organisation values their work.	24.0%	35.1%	30.4%	36.0%	43.6%	40.3%	Deterioration	Widened
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%				Deterioration	
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	6.5	7.1	6.7	Deterioration	No Change