

# Report to the Equalities and Workforce Committee

July 2019

Workforce Race Equalities Standard (WRES) Report 2018 to 2019 and  
Workforce Disability Equalities Standard (WDES) Report 2018 to 2019

## Introduction

The purpose of this report is to continue to develop the foundations for change for equality and inclusion within the Trust especially for BME and disabled staff where their reported experience is less favourable than white and non-disabled staff.

Our workforce is our most valuable asset and it is imperative that all staff feel valued supported and engaged in order to provide the highest quality of service. Diversity and inclusion are core to the delivery of good high quality services by motivated and engaged staff.

This is the first year for reporting across a number of metrics for the Workforce Disability Equality Standard (WDES). As with the WRES some of the metrics relate to recruitment, training and some are taken from the Annual Staff Survey. The WDES metrics follow on from the WRES metrics in this report.

## WRES

The WRES part of the report identifies the difference in experience between white and BME staff and applicants through the 9 different standards including Board composition and the proportional ethnicity of staff across the different pay scales and bandings. Four standards are taken from the Annual Staff Survey.

The Trust Board and Senior Management team, led by the Chair and Chief Executive, have established that the experiences of BME staff within the workforce as a key organisational priority. The data for the WRES confirms taking action on equalities is the right thing to do and work with the BME Network is progressing to implement changes in the short and longer term. The Board prioritised the following actions and targets in May 2017.

Our aspiration by Spring 2021, is to:

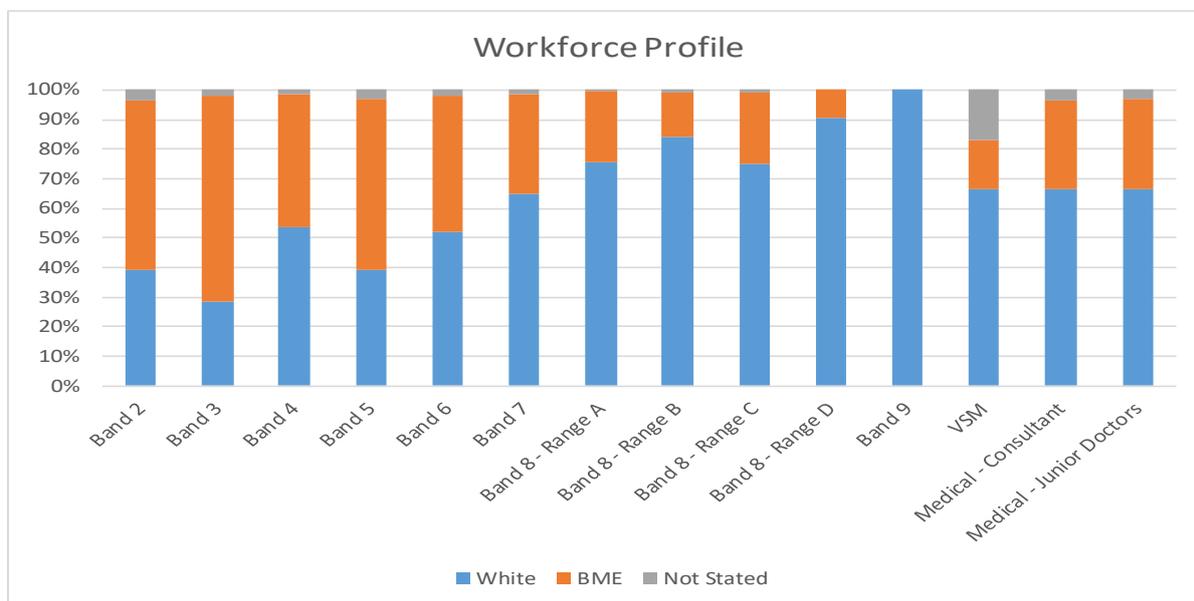
- Achieve representation of BME staff at pay bands 8c (amended to Band 7) and above that reflects the proportion of BME staff in our workforce. This will involve increasing the numbers of BME staff at those bands. Progress will tracked on a yearly basis.

- Eliminate the over-representation of BME staff involved in disciplinary proceedings as they were 3.5 times more likely. This will involve rapidly reducing the proportion of BME staff involved in disciplinary proceedings.
- Improve the Career Opportunities offer for BME. The aim was to ensure that there is no perceived difference in the access to career opportunities between BME and White staff as reported in the yearly staff surveys. BME staff scored this at 66% compared with 85% for White staff in the 2016 Staff Survey.

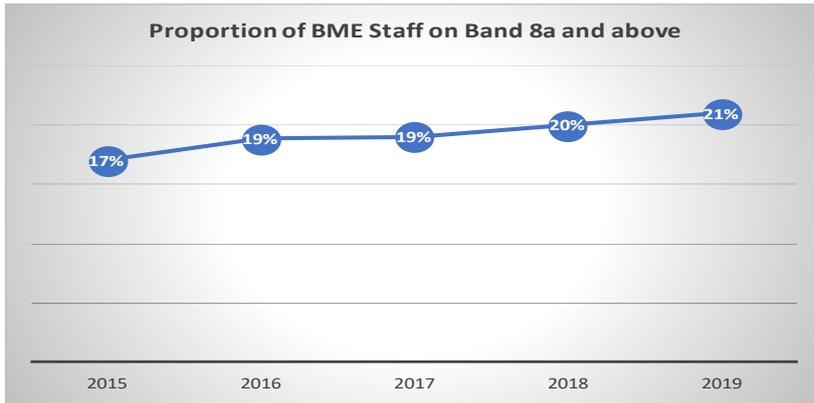
The report identifies the difference in experience between white and BME staff and applicants through the 9 different standards including Board composition and the proportional ethnicity of staff across the different pay scales and bandings. Four standards are taken from the Annual Staff Survey. The full data for each metric has been analysed to identify if there are any specific issues. It is known that the proportion of BME staff in the higher bandings decrease as the level of banding increases.

1	Percentage of BME staff in Bands 1-9, Medical and VSM (including Executive Board members and senior medical staff) compared to the percentage of BME staff in the overall workforce.
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As at 31 March 2019



The descriptor for metric 1 has changed to cover ethnicity in all bands and grades whereas previously reporting was limited to band 8A and above. In comparing to previous years and this year, the proportion of BME staff in bands 8A and above was 17.05% in 2015, 18.87% in 2016, 19.04% in 2017, 20% in 2018 and almost 21% in 2019.



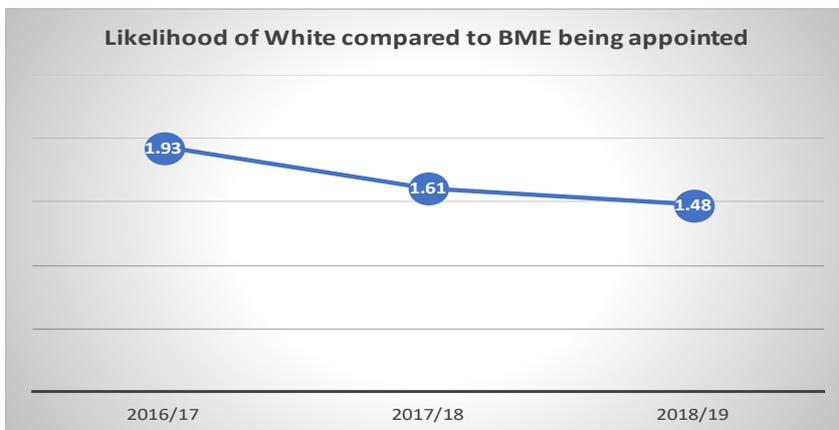
The highest proportion of BME staff compared to White staff are in Bands 2,3 and 5. Band 4 is the most reflective of the overall organisational ethnicity profile closely followed by Band 6. The proportion of BME staff in the higher bandings decrease as the level of banding increases from Band 7 upwards with no BME staff in Band 9.

2.	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.
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### 2018 to 2019

Descriptor	White	BME
Number of shortlisted applicants	1862	2518
Number appointed from shortlist	353	322
Ration shortlisted/appointed	0.189	0.127

Relative likelihood of White staff being appointed from shortlisting compared to BME staff is (0.189/0.127) is therefore **1.48** times greater compared to 1.61 times in the previous year. This demonstrates some progress in the right direction over the past years although further work is still required. The Snowy White Peaks Working group will continue to look at and monitor the processes for recruitment and acting up within the Trust to ensure that opportunities to advance are promoted and visible.



3	<p>Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process.</p> <p>Note: this indicator will be based on the data from a two-year rolling average of the current year and the previous year.</p>
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### 2018 to 2019

Descriptor	White	BME
Number of staff in the workforce	2631	2141
Number of staff entering the formal disciplinary process	4	19
Ratios	$4/2631 =$ 0.0015	$19/2141 =$ 0.008

### 2017 to 2018

Descriptor	White	BME
Number of staff in the workforce	2650	2040
Number of staff entering the formal disciplinary process	12	35
Ratios	$12/2650 =$ 0.0045	$35/2040 = 0.0171$

Relative Likelihood of BME staff entering the formal disciplinary process compared to White staff is  $0.008/0.0015 = 5.84$  times greater compared to 3.79 times in the previous year and 3.3 times the year before.

The proportion of BME staff entering formal disciplinary processes has increased on the previous year which is disappointing. However, it should be noted that overall number of formal disciplinary cases has dropped from 49 in 2017/18 to 24 in 2018/19. It was envisaged that the Review and Reflect (R&R) Checklist would have a positive impact on the numbers but this is yet to be realised. A review of the R&R process has been undertaken and there is greater input from the employee relations team with managers when completing the R&R checklist. Further analysis is required to see if there are particular reasons for this significant difference.

4	<p>Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff.</p>
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### 2018 to 2019

Descriptor	White	BME
Number of staff in workforce	2631	2141
Number of staff accessing non-mandatory training and CPD	1288	1361
Ratio	0.489	0.635

0.485/0.635 = 0.77 meaning there is a much greater likelihood of BME staff accessing non-mandatory CPD training compared to white staff.

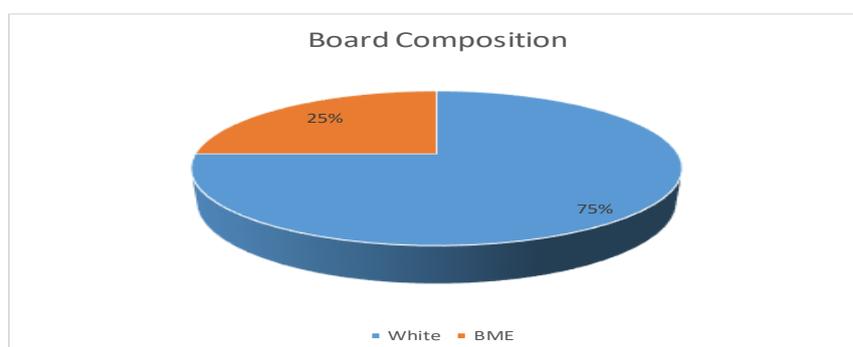
### 2018 Staff Survey Questions (Standards 5-8)

	White	BME
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	32.7%	36.3%
Percentage of staff experiencing harassment, bullying or abuse from staff in the past 12 months.	25.0%	31.5%
Percentage of staff believing the Trust provides equal opportunities for career progression or promotion.	80.2%	57.4%
Percentage of staff personally experienced discrimination at work from manager/team leader or other colleague.	9.8%	19.1%

The staff survey results indicate that for the areas of the staff survey above the experience of BME staff continues to be less favourable than white staff. In all four metrics the experience has worsened on the previous year.

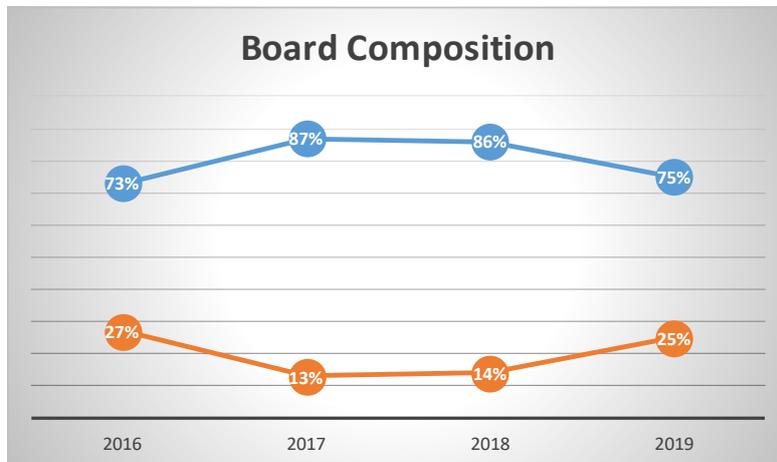
As with the previous year the area of most significant difference in the experiences of white and BME staff as reported through the survey is the percentage of staff who have experienced discrimination at work from their manager/team leader or other colleague which is almost double for BME staff compared to white staff. The difference between staff believing the organisation provides equal opportunities for career progression and promotion for white and BME staff has become greater than the previous year with the score for BME reducing by 10% and the score for white staff reducing by 1%.

### Board composition



The composition of the Board is predominantly white and differs to a large degree from the local populations of the 4 main boroughs where we provide services where the proportion of White and BME population so generally 55% and 45% respectively. It is acknowledged

however that the composition of the Board has changed with the proportion of BME members now being almost double compared to the previous year with 25 % BME representation compared to 14% the year before.



## WRES next steps

- To submit and publish the WRES metrics to NHS England by Friday 30 August 2019 and publish on Trust website by Friday 27 September 2019.
- Continue work with the BME Network to inform the work programme for the Snowy White Peaks working group.
- Continue with the comprehensive WRES Implementation plan.
- Utilise the learning from the WRES Experts programme and implement further best practice approaches gained through the programme.
- Continue to increase the representation of BME staff at Band 7 and above to reflect overall workforce profile. Ongoing monitoring of recruitment and acting up policy and process to ensure access and visibility of opportunities.
- Commence process of using Diversity in Recruitment Champions for Consultant Medical recruitment.
- Monitor progress of the introduction of the Review and Reflect Checklist and impact on BME staff entering formal disciplinary processes. Ensure the revised process is embedded.
- Monitor feedback on perceptions of career progression and promotion amongst BME and white staff through the quarterly Friends and Family Test.
- Further embed the Mentoring programme for BME staff.

## WDES Report

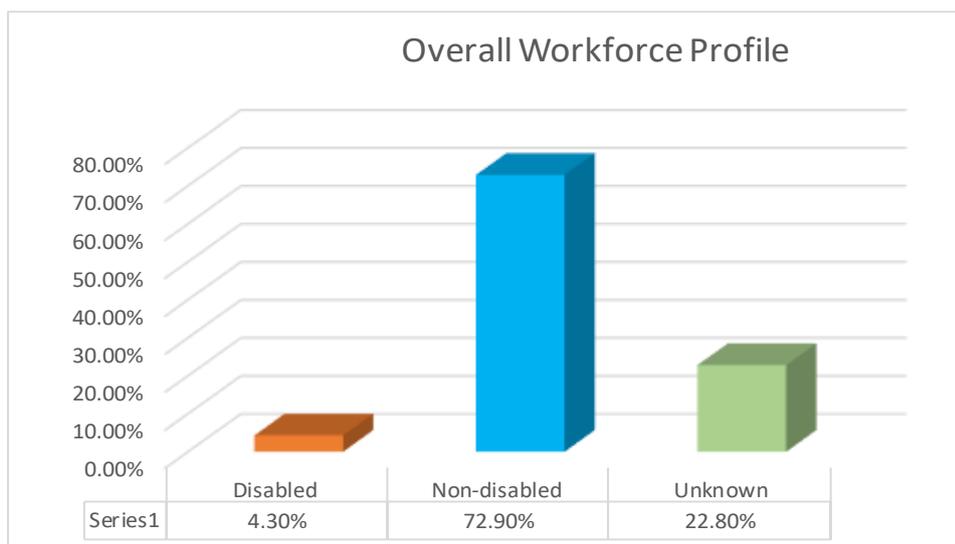
This is the first year of reporting on the Workforce Disability Equality Standard (WDES) so unlike the WRES it is not easy to make direct comparisons with previous years. Later in the year we will be able to see national data for WDES which will allow ourselves to benchmark our overall position. The WDES provides an opportunity to look at the feedback on perceptions and views of our disabled staff who are a valuable asset in our workforce.

As with the WRES a number of metrics are based on staff data and a number are from the Annual Staff Survey where specific questions relating to disability had been asked. Some of the metrics cover a period of more than one year and one metric was voluntary in the first year of reporting.

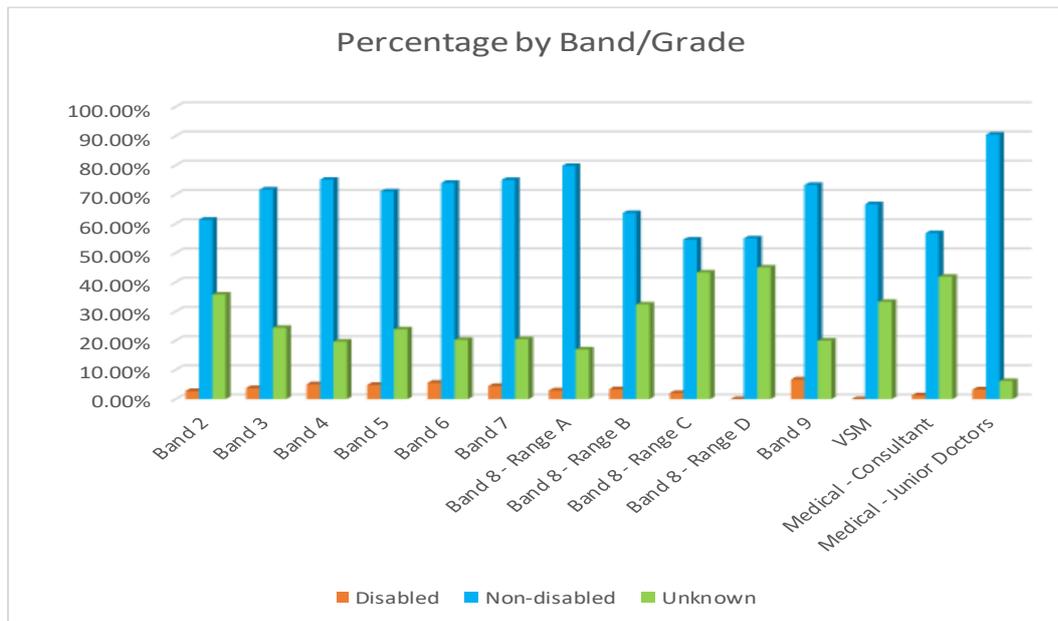
We acknowledge that a large part of the data concerning staff disability status is unknown either through not being collected historically or because staff have chosen not to disclose this. We are looking to roll out the Electronic Staff Record (ESR) employee self-service functionality later in the year which will give staff the opportunity to update information on all protected characteristics directly.

1	Percentage of Disabled and non-disabled staff in Bands 1-9, Medical and VSM (including Executive Board members and senior medical staff) compared to the percentage of staff in the overall workforce.
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Overall disabled compared to non-disabled (as at 31 March 2019):



## Disabled and non-disabled staff by band/grade:



The chart indicates that Band 7 is nearest to the overall Trust profile for disabled and non-disabled staff. Band 8D and VSM are the furthest from the Trust profile. Band 6 has proportionally the highest percentage of disabled staff overall with 5.8%.

2.	Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.
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2018 - 2019

Descriptor	Disabled	Non-disabled
Number of shortlisted applicants	334	4176
Number appointed from shortlist	48	659
Ration shortlisted/appointed	$48/334 =$ 0.14	$659/4176 =$ 0.16

Relative likelihood of Disabled staff being appointed from shortlisting compared to non-disabled staff is  $(0.16/0.14)$  and therefore non-disabled applicants are **1.10** times more likely to be appointed compared to disabled applicants.

3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure (this excludes sickness).
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	Note: this indicator will be based on the data from a two-year rolling average of the current year and the previous year. This metric is voluntary for year one of the WDES.
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## 2017-2019

Descriptor	Disabled	Non-disabled
Number of staff in the workforce	209	3548
Number of staff entering the formal capability process	1	18

Relative likelihood of Disabled staff of entering formal capability process compared to non-disabled staff is 0.94 according to the auto-calculated template. A score above 1.00 would indicate that disabled staff are more likely to enter formal capability processes. So in this case it is less likely.

## 2018 Staff Survey Questions (Standards 4-7)

	Disabled	Non-disabled
A) Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:	41.4%	32.8%
- patients, relatives or the public in the last 12 months		
- managers	25.1%	12.8%
- other colleagues	26.2%	18.1%
B) Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	42.4%	53.9%
Percentage of disabled staff compared to non-disabled staff believing the Trust provides equal opportunities for career progression or promotion.	61.5%	74.2%
Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	31.3%	16.6%
Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	33.6%	49.7%

The responses to the staff survey questions above indicate that across all questions disabled staff feel treated less favourably than non-disabled staff. The overall percentage difference is almost double for the question about feeling pressured to come to work.

### 2018 Staff Survey Question (Standard 8 – only includes responses of disabled staff)

	Disabled
Percentage of disabled staff saying that their employer has made adequate adjustments to enable them to carry out their work.	71.1%

### 2018 Staff Survey Question (Standard 9a and 9b)

	Disabled	Non-disabled
2018 Overall Staff Engagement Score (out of 10)	6.5	7.1

### Has your organisation taken action to facilitate the voices of disabled staff in your organisation to be heard?

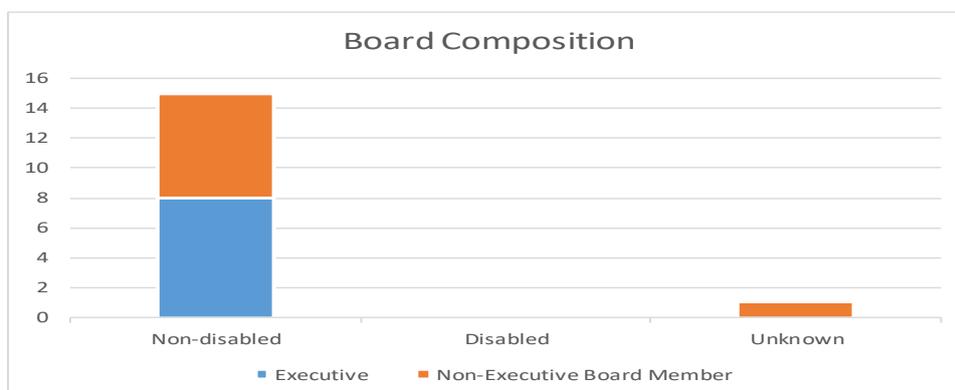
Yes, we have developed and implemented a Lived Experience Network for staff who have had a lived experience of mental health or have been carers. We had a launch event in ... which was very well attended by members of the Trust Senior Leadership Team and staff form across the Trust.

We are in the process of running our “Diverse-ability” focus groups in order to identify and better understand the needs of the disabled staff in the workplace.

We have a robust occupational health service which includes an EAP and physiotherapy service and staff can access our in-house Staff Counselling and well-being service for support and advice.

The Freedom to Speak Up mechanism is another avenue that disabled staff can access to raise issues.

### Board composition as at 31 March 2019



No member of the Trust Board has a declared disability which is probably a similar position to other NHS Trusts in the country. However, as this is the first year of publication it is difficult to know until national reporting is published later in the year.

## WDES next steps

- Submit and publish Workforce Disability Equality Standard data by agreed deadline of Thursday 1 August 2019.
- Continue with developing and embedding the work programme for the Lived Experience Network.
- Run “Diverse-ability” focus groups to obtain more informed information about the support required by disabled staff in the workplace. This will then be used to develop a work programme which will be more tailored to the needs of staff.
- Continue to publicise the work, role and support of the Occupational Health service, physiotherapy service, Employee Assistance Programme (EAP) and the Staff Counselling and Well-being service.
- Continue to monitor stress at work and musculoskeletal issues reported through the quarterly Friends and Family Test.
- Roll out of ESR employee self-service functionality to enable staff to update their records directly onto the system.
- Continue as a “Disability Confident” employer and tick ticks symbol to actively encourage applicants with a disability to apply for posts within the Trust.

Human Resources  
July 2019