

Board of Directors (Public)

SUMMARY REPORT

Meeting Date:

26 July 2023

Agenda Item:

20

Report Title:	The Workforce Race Equality Standard Report (WRES) and Action Plan and The Workforce Disability Equality Standard Report (WDES) and Action Plan 2023.	
Author(s):	Liz Johnson Head of Equality and Inclusion	
Accountable Director:	Caroline Parry Executive Director of People	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	The Inclusion and Equality Group considered these reports. The People Committee Considered these reports
	Date:	7 th of July 2023 and 11 th July 2023
Key points/recommendations from those meetings	These reports were presented to the Inclusion and Equality Group for information and comment before proceeding to the People Committee for assurance and approval before proceeding to Board.	

Summary of key points in report

The Workforce Race Equality Standard Report (WRES) and Action Plan

WRES - Areas of concern

The action plan provided on page of Appendix 1B sets out action planned in 2023/2024 to address the areas of concern highlighted. The action plan is monitored through the Inclusion and Equality group and assurance of progress reported to the People Committee.

Staff Experiencing Discrimination from their Managers The percentage of staff experiencing discrimination from a manager reported in the 2022 staff survey has increased to 16.4% for our ethnically diverse staff, this is higher than the national average for ethnically diverse staff.

People Committee requested a further report on action to progress addressing this to be submitted to the next People Committee

The Board can take assurance from indicators of progress as outlined below.

WRES – Indicators of progress

Ethnicity Diversity - The percentage of ethnically diverse substantive staff in SHSC has increased from 14.1% in 2022 to 17.2% in 2023 – (p.3). Band 2 clinical staff from ethnically diverse backgrounds have risen from a 29.1% share of all Band 2 clinical staff to a 39.7% share of all clinical staff at Band 2 .

Reduction in the Non-Clinical Disparity Ratio - Career progression in non-clinical roles Lower (Bands 2-5) to Upper (Bands 8a and higher) has improved from 2022 to 2023. This is indicated by the disparity ratio reduction from 4.08 (April to June 22/23) to 1.33 (January to March 22/23) .

Reduction in the Clinical Disparity Ratio - Career progression in clinical roles is more static, the steep rise in ethnically diverse clinical staff at Band 2 affects the calculation because proportional rises in higher pay bands would be required.

Net change over time in numbers of ethnically diverse staff - Our data shows a positive increase in ethnically diverse staff, particularly at Bands 4, 6, 7 and 8a. Movement into Bands 8c and upwards is not progressing and has remained static for the last three years.

Disciplinary Cases -The relative likelihood of staff entering a formal disciplinary process is 1.44, this is the lowest level achieved for this metric since 2017 but still represents an inequitable position for ethnically diverse staff experiencing disciplinary procedures.

Experience of Harassment and Bullying (2022 Staff survey Data)

- The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public has reduced to 34.7% for our ethnically diverse staff, our lowest ever result, this remains a priority area for action.
- The percentage of staff experiencing harassment, bullying or abuse from other staff has improved for the last 4 years, our ethnically diverse staff figure of 19.3% is lower than the national average for ethnically diverse staff

The Workforce Disability Equality Standard Report (WDES) and Action Plan 2023.

WDES - Areas of concern

The action plan provided on page 18 of Appendix 1A sets out action planned in 2023/2024 to address the areas of concern highlighted. The action plan is monitored through the Inclusion and Equality group and assurance of progress reported to the People Committee.

Recording of Disability (Staff) - The average *not stated/not known* for disability has decreased in 2023 but is still well above our target of 10% despite action we have taken to reduce this. Our not known is below the last published national figure of 20% and our target remains at 10%.

Staff Survey WDES Results The table on page 9 of appendix 1A (WDES report) highlights the poor experience of disabled staff in our organisation as reported in the NHS Staff Survey. 399 of staff completing the survey in 2022 had a disability of long-term health condition (33%). 33% is a higher percentage than the benchmark responses. However, In the 2022 survey we were better than only one of the comparator set of organisations and worse in eight of the metrics.

Access to Reasonable Adjustments We are already progressing a robust approach and clear action related to access to reasonable adjustments which is reported to the People Committee in the Inclusion and Equality tier 2 report.

The Voice of Staff Networks The Disabled Staff Network Group membership has remained static at around 37 members, action to increase membership. The first general Staff Network conference is planned for early 2024. Our people plan includes specific actions to improve the voice of our staff network groups and this remains a priority.

Disabled Staff Experience of Harassment / Abuse from Service Users We have a long- term programme of support for staff who experience racism from service users, in 2022 /2023 we introduced an SOP for reporting hate related incidents and a staff support process . Action has started to look at how we can more effectively roll this out to include other groups such as disabled and LGBTQ+ staff.

Staff Feeling Pressure to Come to Work When Not Feeling Well Enough In 2023 our organisational development (OD) team have appointed a wellbeing lead we intend to work with them to look at this area and agree action to understand why disabled staff disproportionately feel under pressure to come to work when not feeling well enough.

The Board can take assurance from indicators of progress as outlined below.

WDES – Indicators of progress

Disabled Staff in our Workforce – The percentage of staff who have said they are disabled in 2023 has increased from 8% to 9% showing a year in year increase.

- **Disabled Staff non - clinical** - Our data indicates that disabled staff are represented in non -clinical roles at the average of 9% or over in pay bands 5 – 7 and 8a and 8b, but below the average in pay bands 2-4 and 8c upwards.
- **Disabled Staff clinical** - Compared to the average of 9% in 2023 clinical disabled staff are represented in most pay bands at or above the average of 9% apart from staff in bands 8c upwards and all medical grades. The under representation in medical grades mirrors the national picture.

Recruitment Disabled Staff – The WDES likelihood of disabled people being recruited target is between 0.80 and 1.25. In 2023 our recruitment data show a positive score of 0.90, this means that disabled people that are shortlisted are slightly more likely to be appointed.

Disabled staff entering capability procedures – WDES national guidance is that where an organisation has particularly low numbers of capability cases this negatively skews the WDES data measure, our organisation falls into this group with an exceptionally low number of cases and as such we are not required to publish the data metric for this indicator in our WDES report.

Risks

The following related workforce risks are identified on the People Directorate register

Risk mitigation is reviewed through the Inclusion and Equality group and assurance of progress reported to the People Committee in the Equality and Inclusion tri annual reports to the People Committee.

5167 - There is a risk that disabled staff will not receive reasonable adjustments caused by relevant systems, processes and manager knowledge being insufficient resulting in disabled staff being disadvantaged and possible legal or regulatory challenge.

5159 - There is a risk of poor-quality demographic data (Ethnicity and Disability) caused by ESR records not being complete will result in lack of confidence in/accuracy of our Workforce Race Equality Standard reporting and our Workforce Disability Equality Standard Reporting.

5160 - There is a risk that we will fail to meet the Model Employer (Disparity ratio) target of 1.25 by 2025 set out in the NHS Standard Contract caused by failure to recruit and retain sufficient staff from ethnically diverse groups in roles in band 8a and above resulting in failure to meet the nationally defined target .

Recommendation for the Board/Committee to consider:

Consider for Action		Approval	x	Assurance	X	Information	
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The Board is asked to take assurance that the organisation is compliant with the requirements set out in the NHS Standard contract s13.6, s13.7, and s13.8 and on progress being made.

The Board is asked to note alerts in respect of risks and areas of concern.

The Board is asked to approve publication of the Workforce Race Equality Standard Report (WRES) and Action Plan and The Workforce Disability Equality Standard Report (WDES) and Action Plan 2023.

Please identify which strategic priorities will be impacted by this report:

Recover and improve efficiency	Yes		No	x
Continuous quality improvement	Yes		No	x
Transformation – Changing things that will make a difference	Yes	x	No	

Partnerships – working together to make a bigger impact					Yes	x	No	
Is this report relevant to compliance with any key standards?					State specific standard			
Care Quality Commission Fundamental Standards	Yes	x	No		Well Led			
Data Security and Protection Toolkit	Yes		No	x	There are no direct implications related to the content of this paper			
Any other specific standard?		x			Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017. The NHS Standard Contract			
Have these areas been considered? YES/NO					If Yes, what are the implications or the impact? If no, please explain why			
Service User and Carer Safety, Engagement and Experience	Yes		No	x	There are no direct implications related to the content of this paper for Service Users and Carer Safety or experience.			
Financial (revenue & capital)	Yes		No	x	There are no direct financial implications.			
Organisational Development /Workforce	Yes	x	No		The content of this report is specifically relevant to the composition of workforce in terms of ethnicity diversity and race and disability.			
Equality, Diversity & Inclusion	Yes	x	No		See section 4.2			
Legal	Yes	x	No		Indirectly supports compliance with section 149 of the Equality Act 2010 (the Public Sector Equality Duty)			
Environmental Sustainability	Yes		No	x	There may be some relevance to sustainability of our workforce however this is not reviewed in detail in this report.			

The Workforce Race Equality Standard Report (WRES) and Action Plan and The Workforce Disability Equality Standard Report (WDES) and Action Plan 2023.

Section 1: Analysis and supporting detail

Background

The Workforce Race Equality Standard Report (WRES) and Action Plan 2023 (Appendix 1B) and The Workforce Disability Equality Standard Report (WDES) and Action Plan 2023 (Appendix 1A) are presented to Board to support compliance with the requirements of the NHS Standard Contract sections 13.6, 13.7, and 13.8. These require provider organisations to:

1. Provide an annual report to commissioners on our performance against the National Workforce Race Equality Standard (WRES) and an action plan setting out any steps it will take to improve its performance and publish the report and action plan on our web site. (s. 13.6.1, 13.6.2)
2. Ensure that we have in place effective procedures intended to prevent unlawful discrimination in the recruitment and promotion of Staff and must publish a five-year action plan, showing how we will ensure that the black, Asian and minority ethnic representation a) among our Staff at Agenda for Change Band 8a and above, and that by the end of the five year period our Board will reflect the black, Asian and minority ethnic representation in its workforce, or in its local community, whichever is the higher; and produce regular reports on progress in implementing that action plan and in achieving its bespoke targets for black, Asian and minority ethnic representation amongst its Staff, as described in the NHS 'Model Employer' Strategy.(s.13.7)
3. Provide an annual report to commissioners on our performance against the National Workforce Race Equality Standard (WRES) and an action plan setting out any steps it will take to improve its performance and publish the report and action plan on our web site. (s. 13.8.1, 13.8.2)

1 and 3 above service conditions have been subject to update between 2022/2023 and 2023/2024, the 2023/2024 service conditions now include specific reference to action plans.

In 2022/2023 we reported action plans relevant to the WRES and the WDES through our Tier 2 Assurance Group Reports to the People Committee.

In relation to s13.7 (2 above) of the Standard Contract, incorporate strategic plans relevant to black, Asian and minority ethnic representation staff in Band 8a and above in at Board level have been incorporated into our People Strategy implementation plans and reported through Tier 2 Assurance Group Reports to the People Committee.

The five-year plan referred to in s13.7 is 2020 to 2025.

In addition to the requirements of the NHS standard contract, in June 2023 the NHS published a workforce focused [NHS equality, diversity and inclusion \(EDI\) improvement plan](#). This is built around six 'High Impact Actions'. This is relevant to our WRES and WDES reporting because some of the WRES and WDES metrics are measures that will be used in measuring progress against the High Impact Actions.

NHS High Impact Actions

HIA1: Measurable objectives on EDI for Chairs Chief Executives and Board members

HIA2: Overhaul recruitment processes and embed talent management processes.

HIA3: Eliminate total pay gaps with respect to race, disability, and gender.

HIA4: Address Health Inequalities within their workforce

HIA5: Comprehensive Induction and onboarding programme for International recruited staff

HIA6: Eliminate conditions and environment in which bullying, harassment and physical harassment occurs

Our People Strategy Implementation Plan already includes action for 2023 /2024 against some key areas relevant to the High Impact Actions.

Our Workforce Race Equality Standard and Workforce Disability Equality Standard Action Plans for 2023/2024 (Appendix 2) presented to Committee today have been cross referenced to the action areas and 'success measures' identified for progress against the High Impact Actions for 2023/2024 form the NHS EDI Improvement Plan (workforce).

Publication

In 2023 the deadline for submission of our WRES and WDES data return was brought forward from 31st August to 31st May however the deadline for publication of WRES and WDES reports and action plans by NHS provider organisations was not altered and is still by October 2023. To maintain better alignment with our People Strategy implementation, plan our organisational action plans were presented to the People Committee in July for publication in July 2023 following approval from the Board.

Irrespective of deadlines the mode of publication is through our organisation web site.

Progress against our 2022/2023 Action Plan

Progress against our action plans 2022/2023 as been reported to the People Committee in the tri-annual tier 2 Inclusion and Equality Assurance Group Reports. The summary of progress against action is provided in each report provided as Appendix 1 A and 1B

WRES and WDES Key Areas Progress 2022/2023

The May 2023 tier 2 Inclusion and Equality Assurance Group Report to the People Committee included a report on the WRES and WDES staff survey results, this information is included in the WRES and WDES reports for publication in appendices 2 and 3 of this report and not repeated in detail in this summary paper, key areas of progress are:

Workforce Race Equality

Workforce Race Equality is indicating signs of progress in addressing key areas of concern:

Ethnicity Diversity - The percentage of ethnically diverse substantive staff has increased from **14.1%** in 2022 to **17.2%** in 2023 – (Appendix 1B p.4).

Band 2 clinical staff from ethnically diverse backgrounds have risen from a **29.1%** share of all Band 2 clinical staff to a **39.7%** share of all clinical staff at Band 2 (Appendix 1B p.5)

Reduction in the Non-Clinical Disparity Ratio - Career progression in non-clinical roles Lower (Bands 2-5) to Upper (Bands 8a and higher) has improved from 2022 to 2023. This is indicated by the disparity ratio reduction from 4.08 (April to June 22/23) to 1.33 (January to March 22/23) (Appendix 1B p.9)

Reduction in the Clinical Disparity Ratio - Career progression in clinical roles is more static, the steep rise in ethnically diverse clinical staff at Band 2 affects the calculation because proportional rises in higher pay bands would be required (Appendix 1B p.9)

Net change over time in numbers of ethnically diverse staff

Our data shows a positive net increase in ethnically diverse staff, particularly at Bands 4, 6, 7 and 8a. Movement into Bands 8c and upwards is not progressing and has remained largely static for the last three years (Appendix 1B p.8)

Disciplinary Cases The relative likelihood of staff entering a formal disciplinary process is 1.44, this is the lowest level achieved for this metric since 2017 but still represents an inequitable position for ethnically diverse staff experiencing disciplinary procedures (Appendix 1B p.11)

Experience of Harassment and Bullying (2022 Staff survey Data)

- The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public has reduced to **34.7%** for our ethnically diverse staff, this represents the lowest level since reporting started in 2017, although this remains unacceptably high. As noted in previous reports to Committee the experience of racism against staff from people using our services has been the focus of targeted action including the introduction of a SOP for responding to hate incidents, third party hate incident reporting process, face to face support at service level and a focus on staff support as well as addressing racism as unacceptable in any of our service areas.
- The percentage of staff experiencing harassment, bullying or abuse from other staff has improved for the last four years, our ethnically diverse staff figure of **19.3%** is lower than the national average for ethnically diverse staff.

Medical Workforce Race Equality Standard and Bank Workforce Race Equality Standard

Two new WRES standards have been introduced in 2023 with a view to being part of mandatory reporting from 2024. The Medical Workforce Race Equality Standard (MWRES) and a Bank Workforce Race Equality Standard (BWRES).

Initially it was anticipated that both would be mandatory from 2024 however they are not included specifically in the Standard Contract and cannot therefore be implemented as mandatory in 2023, a facility to submit data is available but optional. The deadline for the optional return is the 30th of June 2023.

Organisationally we have chosen to provide a submission, the Medical Directorate have also identified a role within the Directorate to lead on the MWRES which they are recruiting to.

There has been some national lack of clarity around some of the detail of the MWRES return in terms of where the data should be sourced however for our organisation this has been an

opportunity to work more closely with our colleagues in the Medical Directorate. One of the key areas emerging is a need to improve the demographic data and this has been an action identified in our general WRES action plan for 2023/24.

The Bank WRES is also new and has been introduced alongside the specific Bank Staff Survey held for the first time nationally in 2022. Focused work around Bank Staff has taken place sponsored and supported by the Executive Director of Nursing.

Workforce Disability Equality

Our workforce disability equality data shows:

Disabled Staff in our Workforce – The percentage of staff who have said they are disabled in 2023 has increased from **8%** to **9%** showing a year in year increase. This is higher than the national average of reported in the most up to date national WDES report (2021) of 3.7%.(Appendix 1A p.4)

- Disabled Staff non - clinical - Our data indicates that disabled staff are represented in non -clinical roles at the average of 9% or over in pay bands 5 – 7 and 8a and 8b, but below the average in pay bands 2-4 and 8c upwards. (Appendix 1A p.5)
- Disabled Staff clinical - Compared to the average of 9% in 2023 clinical disabled staff are represented in most pay bands at or above the average of 9% apart from staff in bands 8c upwards and all medical grades. (Appendix 1A p.5)

Under representation in medical grades mirrors the national picture.

Not Known - The average but is still well above our target of 10% despite action we have taken to reduce this. Our not known is below the last published national figure of 20% and our target remains at 10%.(Appendix 1A p.6)

Recruitment Disabled Staff – The WDES likelihood of disabled people being recruited target is between 0.80 and 1.25. In 2023 our recruitment data show a positive score of 0.90, this means that disabled people that are shortlisted are slightly more likely to be appointed. (Appendix 1A p.7)

Disabled staff entering capability procedures – WDES national guidance is that where an organisation has particularly low numbers of capability cases this negatively skews the WDES data measure, our organisation falls into this group with an exceptionally low number of cases and as such we are not required to publish the data metric for this indicator in our WDES report. (Appendix 1A p.7)

Staff Survey Disabled Staff Completing the Staff Survey 2022 - 399 staff completing the survey in 2022 had a disability of long-term health condition (33%). 33% is a higher percentage than the benchmark average response of 28%.

WRES and WDES Key Areas of Concern 2022/2023

Areas of concern highlighted in our WRES and WDES reports

Workforce Race Equality

Staff Experiencing Discrimination from their Managers

This is an area of concern, the percentage of staff experiencing discrimination from a manager has increased to 16.4% for our ethnically diverse staff, this is higher than the national average for ethnically diverse staff (Appendix 1A p.16).

The following specific action has been identified:

- To note that there is a specific programme of work around culture and behaviours led by our Organisational Development team which we will interface with.
- That the People Strategy plan includes work continuing on the Just and Learning culture.
- That we will develop our workforce development offer around microaggressions and 'allyship to solidarity'.
- That we will continue to have a focus on leadership in addressing discrimination in our Developing as Leaders programme.

Other areas of the report still highlight that our ethnically diverse staff experience is worse than our white staff experience however our current focus and action appears to be starting to make an impact.

Workforce Disability Equality

Staff Survey WDES Results

The table on page 9 of appendix 1A (WDES report) highlights the poor experience of disabled staff in our organisation as reported in the NHS Staff Survey.

Access to Reasonable Adjustments

We are already progressing a robust approach and clear action related to access to reasonable adjustments which has previously been reported to committee in the Inclusion and Equality tier 2 report.

The Voice of Staff Networks

The Disabled Staff Network Group membership has remained static at around 37 members, action to increase membership has included a stall on the induction market place and looking at creative ways with the group to increase membership.

A new Staff Network policy review group has been established following feedback from the Disabled Staff network and we plan to hold our first general Staff Network conference in early 2024. Our people plan includes specific actions to improve the voice of our staff network groups and this remains a priority.

Disabled Staff Experience of Harassment / Abuse from Service Users

We have a long- term programme of support for staff who experience racism from service users, in 2022 /2023 we introduced an SOP for reporting hate related incidents and a staff support process . Action has started to look at how we can more effectively roll this out to include other groups such as disabled and LGBTQ+ staff.

Staff Feeling Pressure to Come to Work When Not Feeling Well Enough

In 2023 our organisational development (OD) team have appointed a wellbeing lead we intend to work with them to look at this area and agree action to understand why disabled staff disproportionately feel under pressure to come to work when not feeling well enough.

Section 2: Risks

The following workforce risks are recorded on the People Directorate register:

5167 - *There is a risk that disabled staff will not receive reasonable adjustments caused by relevant systems, processes and manager knowledge being insufficient resulting in disabled staff being disadvantaged and possible legal or regulatory challenge.*

Current risk score is 9 with controls in place. Action planned is underway after a deep dive to look at why our staff survey data indicated access to adjustments was poor. Several actions planned have also been implemented including introducing a central costs centre for adjustments.

5159 - *There is a risk of poor-quality demographic data (Ethnicity and Disability) caused by ESR records not being complete will result in lack of confidence in/accuracy of our Workforce Race Equality Standard reporting and our Workforce Disability Equality Standard Reporting.*

Current risk score is 8 with controls in place. Action had been identified including working closely with the workforce team. We are also working with the medical directorate to look at improving trainee data.

5160 - *There is a risk that we will fail to meet the Model Employer (Disparity ratio) target of 1.25 by 2025 set out in the NHS Standard Contract caused by failure to recruit and retain sufficient staff from ethnically diverse groups in roles in band 8a and above resulting in failure to meet the nationally defined target .*

Current risk score is 9 with controls in place. A comprehensive action plan is in place the reduction in the non-clinical disparity ratio score indicates a significant improvement, but further focused work is needed to continue to improve the clinical disparity ratio.

Section 3: Assurance

Benchmarking

Both the WRES and WDES reports provide a summary of the staff survey results in terms of benchmarking we are measured against the results of other NHS organisations and in the future a new workforce EDI dashboard has been developed nationally to support the six High Impact action areas above – this information is not available to report on at the moment, however.

The only data that we have a direct comparison to at the time for this report is the staff survey data because this has been published for all organisations:

Workforce Race Equality Standard (WRES) Staff Survey Metrics Summary

In the 2022 survey we were better than the comparator set of organisations in one metric and worse in three.

Workforce Race Equality Standard (WRES) Staff Survey 2022 Summary	Better than Comparator	Worse than Comparator
Harassment/Abuse from Service users/public		✗
Harassment/Abuse from other staff	✓	
Believes the organisation provides equal opportunity		✗
Discrimination from Manager		✗

Workforce Disability Equality Standard (WDES) Staff Survey Metrics Summary

In the 2022 survey we were better than the comparator set of organisations in one metric and worse in eight of the metrics .

Workforce Disability Equality Standard (WDES) Staff Survey 2022 Summary	Better than Comparator	Worse than Comparator
Harassment/Abuse from Service users/public		✗
Harassment/Abuse from managers		✗
Harassment/Abuse from other staff	✓	
Staff experiencing harassment or abuse that reported it		✗
Believes the organisation provides equal opportunity		✗
Staff feeling pressure to come to work from manager when not well enough		✗
Satisfied with the extent to which the organisation values their work		✗
Staff Engagement Score		✗
Staff saying the organisation has made adequate adjustments		✗

Triangulation

The nature of the WRES and the WDES reports is that there is a wide range of triangulated data inherent in the reports ,in addition the WRES national team provide a bespoke individual report to each organisation benchmarking triangulated data across the region and similar organisation type. This report will not be available until early 2024, however.

Section 4: Implications

Strategic Priorities and Board Assurance Framework

4.1 This paper is relevant to the strategic aim of -Transformation - Changing things that will make a difference.

Equalities, diversity, and inclusion

4.2 This report is directly relevant to Equality Diversity and Inclusion

Culture and People and Integration and system thinking

4.3 The WRES and the WDES reports highlight area of collaboration which have been reported already in detail in tier two reports to the people committee.

Financial

4.4 There are no direct financial implications of this report

Sustainable development and climate change adaptation

4.5 There are no direct implications for sustainable development and climate change adaptation

Compliance - Legal/Regulatory

4.6 This paper is relevant to compliance with the Equality Act 2010 including s.149 of the Act, the Public Sector Equality Duty.

The paper is also relevant to responding to the contractual requirements set out in the NHS standard contract.

Section 5: List of Appendices

Appendix 1A The 2023 Workforce Disability Equality Standard Report (WDES) and Action Plan

Appendix 1B The 2023 Workforce Race Equality Standard Report (WRES) and Action Plan