

Board of Directors

24 September 2020

Paper title:	Workforce Race Equality Standard and Workforce Disability Equality Standard Update	Agenda item 17
Presented by:	Sandra Knight, Director of Human Resources and Organisational Development	
Prepared by:	Lisa Wright, Head of Equality	

Purpose of the report		
<p>This report provides the 2020 results of the NHS Workforce Race Equality Standard (WRES) and NHS Workforce Disability Standard (WDES) for Bradford District Care NHS Foundation Trust which were submitted to NHS England in August 2020.</p> <p>The report outlines the outputs and outcomes of the 2019-20 action plan and the priorities based on the results and ongoing engagement with staff for 2020-21. The plans included in section 3 and appendix 1 detail those priorities.</p>	For approval	X
	For discussion	X
	For information	

Executive summary		
<p>Equality, Diversity, and Inclusion (EDI) is a top priority for Bradford District Care Foundation Trust (BDCFT) in meeting our strategic goals including being the Best Place to Work. The annual staff survey consistently highlights the disparities that Black, Asian and Minority Ethnic Staff (BAME) and staff who have Disabilities and Long-Term Health Conditions report about their experience and satisfaction of working at BDCFT. The WRES and WDES use metrics from the staff survey along with headline data about proportion and representation of BAME and Disabled staff in recruitment, disciplinary and capability processes, and in the workforce itself at senior and decision making levels to measure inequality. There is a direct link between equality and outstanding care, meaning the WRES and WDES provide an important performance and quality marker. For the WRES, performance has worsened for six of the nine metrics and improved for three. This is of significant concern and action is being taken to highlight the issues and tackle them with a renewed focus and support structures in place, driven by the disproportionate impact that Covid19 has had. In particular on staff from ethnic minority backgrounds and the Black Lives Matter movement. For the WDES performance has improved for 5 of the 13 metrics, stayed the same for one and worsened for 7.</p>		
<p>Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?</p>	State below	<p>This work focusses on the three general duties of the Equality Act 2010: Enhancing equal opportunities, fostering good community relations between groups and eliminate discrimination, harassment and victimisation. With a specific emphasis on the Race and Disability protected characteristics. The WRES and WDES is an equality analysis. Data is collected and analysed for</p>
	Yes	

	inequalities and actions are developed in response. The process is established within BDCFT to involve staff and stakeholders in the discussion and action planning.
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Recommendation
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> Note the 2020 WRES and WDES results and approve the infographics and reports for publication. Consider and approve the priorities identified in section 3 and appendix 1. Note the challenge to capacity and resources outlined in section 3 and that a paper including all the EDI priorities and options for resourcing them effectively is going to the Workforce and Equality Committee for discussion on 28th September 2020.

Strategic vision				
Please mark those that apply with an X				
Providing excellent quality services and seamless access	Creating the best place to work	Supporting people to live to their fullest potential	Financial sustainability growth and innovation	Governance and well-led
X	X	X	X	X

Care Quality Commission domains				
Please mark those that apply with an X				
Safe	Effective	Responsive	Caring	Well Led
	X	X	X	X

Relationship to the Board Assurance Framework (BAF)	<p>The work contained with this report links to the following strategic risk(s) as identified in the BAF:</p> <ul style="list-style-type: none"> 2296 2.2 if we fail to recruit and retain a skilled workforce 2299 3.2 if we fail to attract a diverse workforce (action - Staff Networks not all established and aligned to Trust priorities to ensure achievement of our ambitions)
Links to the Corporate Risk Register (CRR)	<p>The work contained with this report links to the following corporate risk(s) as identified in the CRR:</p> <ul style="list-style-type: none"> 1831 If the Trust fails to recruit, retain, and engage a diverse workforce
Compliance and regulatory implications	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p>

	<ul style="list-style-type: none"> • Compliance with the Equality Act 2010 and 2018 Regulations. • WRES and WDES standards. • NHS Equality Delivery System Implementation.
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Meeting of the Board of Directors 24 September 2020

Workforce Race Equality Standard and Workforce Disability Equality Standard Update

1. Purpose

The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) are part of the NHS Standard Contract and support NHS organisations to be compliant with the Equality Act 2010 and the 2017 Regulations. The WRES was launched by NHS England in July 2015. Bradford District Care Foundation Trust (BDCFT) has been publishing data against the WRES metrics annually for five years and has collected and submitted data in August every year since 2014. The Workforce Disability Standard launched in 2019 and the second submission of data against those metrics was made in August 2020.

The implementation of both standards is an Equality Objective for the Trust. The Equality Objectives run from 2020-2024 and are a legal requirement to have under the Public Sector Equality Duty.

The Equality, Diversity, and Inclusion Workforce Strategy¹ was approved at Trust Board in January 2018 and runs until January 2021. The strategy includes the current position for each of those equality areas and what commitments are made for the next three years to improve the Trust's performance. A Strategic Reference Group is in place with representation from each corporate directorate and care group and their services to support implementation but has not met during the Covid-19 pandemic. These representatives lead the work within their area increasing the capacity for this agenda. A Protected Characteristics EDI group was established initially to meet for a two-weekly overview and discussion of issues and disparities relating to equality throughout the pandemic with immediate action to address risks. This group will continue to meet every two months as a Strategic EDI Staff Partnership with a broader remit to oversee and inform the EDI workforce programme.

The data collected for both standards was submitted via the Strategic Data Collection Service (SCDS) NHS Digital database at the end of August 2020. This report outlines

¹ <https://www.bdct.nhs.uk/wp-content/uploads/2018/04/Equality-and-Diversity-Workforce-Strategy-2018-2020-Approved.pdf>

the headlines from that submission, the comparison, and trends over the previous years where they are possible and the actions that will be and already are being embedded into the Equality, Diversity, and Inclusion Strategy. The intention is that this report is published as evidence. Publication is a key element of compliance with the Public Sector Duty of the Equality Act 2010. It has been recognised that the current EDI resource is not sufficient to effectively and sustainably deliver all the actions required to embed change across the organisation. A paper is going to the Workforce and Equality Committee (W&EC) on 28th September following discussion at the Senior Leadership Team (SLT), to review all of the EDI priorities and requirements, the current capacity and options for taking the work forward. As such the priorities identified in this paper are split into two tables. One that relates to work that can take place within the current resource and one which requires additional resource as set out in the paper going to the W&EC. This paper has been issued before the SLT discussion so the tables may change subject to the outcomes of those discussions.

2. Proposed Outcome

Over the past six months inequality and the importance of EDI has been highlighted by the disparity of impact that Covid-19 has had on protected groups; particularly BAME and Disabled communities including BAME NHS staff and staff who have underlying health conditions. The Trust has been working to tackle inequalities for over 10 years but recently the appetite for in depth conversation and understanding of the need for change has deepened. This set of WRES and WDES results demonstrates a widening of the gap in many cases. Although concerning, the opportunity to embed the aim to be the Best Place to Work for all staff as a shared objective which is everyone's business has never been greater.

2.1 NHS Workforce Disability Standard²

This standard introduced in 2019 aims to decrease the inequality that Disabled staff face within the NHS workforce. The standard is based on the social model of disability. This is a useful film explaining that model <https://www.youtube.com/watch?v=0e24rfTZ2CQ> .

The Equality Act 2010 defines disability as follows; 'if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities³. 'substantial' is more than minor or trivial, for example, it takes much longer than it usually would to complete a daily task like getting dressed. 'Long-term' means 12 months or more, for example, a breathing condition that develops because of a lung infection. Within our Trust we have started to talk about Disability *and* Long Term Health Conditions within this programme as many staff do not consider themselves to have a Disability but a Long Term health condition even though that condition falls under the same definition as the one given above.

² <https://www.england.nhs.uk/about/equality/equality-hub/wdes/>

³ <https://www.gov.uk/definition-of-disability-under-equality-act-2010>

We aim to be The Best Place to Work by narrowing the gap between how Disabled and Non-Disabled staff report their experiences and satisfaction levels in the metrics of WDES and by increasing representation of Disabled staff across the organisation.

2.1.1 WDES Results Summary: A detailed report of all the results is included in appendix 2 A report with the results over time against the benchmark is included in appendix 3. Below is an infographic summary of the headline data.

NHS Workforce Disability Equality Standard Results 2020





78% of Disabled staff felt that the Trust made adequate **Reasonable Adjustments**

40% of Disabled Staff felt that their work was **valued**. 15% more Disabled staff experienced an incident of **bullying, harassment or abuse** from the public than non-Disabled staff



Representation

5% of the workforce, Have shared that they have a disability or long term health condition in ESR

Disabled staff are 0.00 times more likely to enter into **formal capability processes** and Non-Disabled staff are 0.93 more likely to be **appointed** after shortlisting than Disabled Staff.

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2.1.2 Key Outputs and Outcomes: -

- WDES data submitted and action plan developed in response to the information.
- Staff focus groups held to share the data and develop and gain feedback.
- Health and Wellbeing Staff Network established.
- Training to support managers to prevent, identify and address bullying and harassment.
- Campaign to increase the sharing of long-term health conditions within the Electronic Staff Record - Increase in the number of staff sharing their disability information. Nationally 18% of people had some form of disability in the last census. 18% of the BDCFT workforce is 557 staff.
- Development of a Supporting Attendance Policy with sections on Disability and Reasonable Adjustments.

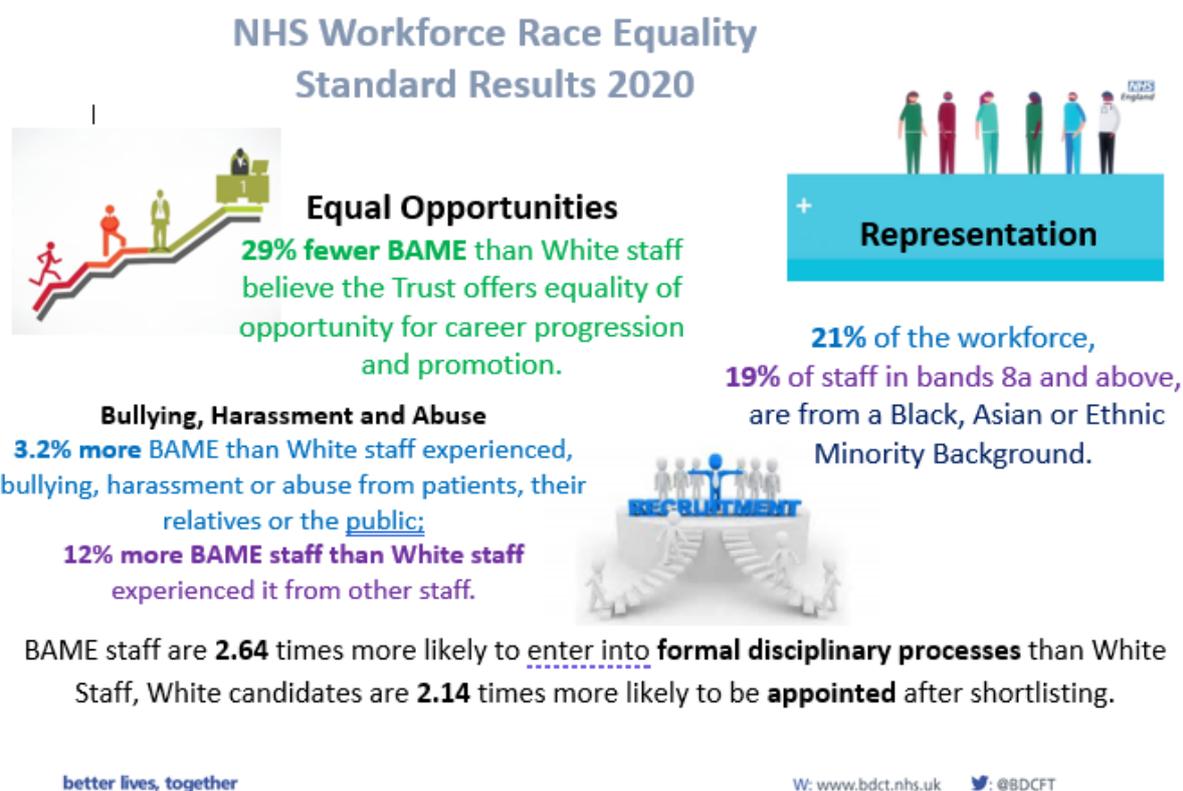
- Design and implementation of the Covid-19 Risk Assessment process to support staff with underlying conditions.
- Ongoing information, advice and support offered to staff about their health and wellbeing including redeployment options, occupational health referrals, psychological helpline.

A. Workforce Race Equality Standard⁴

The standard is designed to highlight inequality of experience and under-representation of BAME staff within NHS organisations. As the standard has been in place since 2015 there is national benchmarking data available for some metrics to compare our results with organisations of a similar size and service. The aim is to narrow the gap between BAME and White staffs' responses in the staff survey and experiences of working in the Trust and to increase representation of BAME staff at all levels.

i. WRES Results Summary

A full report of the results is included in appendix 4. An analysis of the Trust's results over time alongside the WRES benchmarks are included in appendix 5. Below the headline data is shared in an infographic format.



⁴ <https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/>

i.

A range of activity has been undertaken as agreed in the WRES action plans including: -

- Training to support managers to prevent, identify and address bullying and harassment.
- Bullying and Harassment Support Officers in place to support staff as a first point of contact.
- Development Programmes developed, launched, and delivered to support the development of inclusive teams – Sharing perspectives and Unconscious Bias Training.
- Covid-19 Risk Assessments implemented – all BAME staff have talked about their health and wellbeing and risk mitigation with their manager. These have been well received and feedback outlines that the majority of staff found the process useful.
- Introduction of a triage system for formal disciplinary processes.
- Review of the disciplinary policy.
- Review of the Staff Bank disciplinary processes.
- Guidance and training on using the Managing Racial and Other Types of Abuse from Service Users, Carers, and the Public Policy.
- Positive action in recruitment for senior positions.
- Reciprocal Mentoring with a focus on Race.
- Black Lives Matters organisational commitment to race equality and call to action for teams to discuss race and the lived experience of staff.

The Aspiring Cultures Staff Network continues to be an integral lead in the WRES work.

3. Work programme in response to WRES and WDES

A review of activity has been undertaken and is being shared with SLT and at the W&EC on 28th September. Within that the following priorities areas have been defined as key to tackling the inequalities identified by the WRES and WDES as being deliverable within the current resources available. In **Appendix 1** these priority areas are broken down in a detailed action plan with the deliverables and timescales.

A. Current Resources,

- Ensuring Compliance with the WRES and WDES requirements, supporting compliance with the Equality Act 2010 and NHS Equality Delivery System.
- Ensuring effective staff engagement in the WRES, WDES and wider EDI agenda.
- Preventing, identifying, and effectively addressing Bullying and Harassment in the workplace.
- Addressing the disproportionate number of disciplinaries that involve BAME staff.
- Increasing Representation and enhancing recruitment and selection processes

- Review of Reasonable Adjustments, development, and implementation of a policy to ensure the process is streamlined, understood, and applied consistently across the Trust. This will be resourced via additional non recurrent funding.

There is of course further work that needs to be done, but this will require additional resources. If the additional resources are secured, then the following is proposed. The deliverables for each key element are included for information.

B. With additional resources,

Bullying and Harassment

- identify hotspots and trends using locality level data from the equality dashboard.
- Target interventions into hotspot areas to build inclusive teams.

Career Progression

- Review effectiveness of the Moving Forward Programme. Redesign to ensure maximum impact of the programme.
- Market the programme to staff and their manager. Recruit staff to the programme.
- Run the programme internally to include taught material, mentoring/reverse mentoring, or sponsorship, stretch programmes for participants, tutorials, and feedback, management learning and engagement, launch and graduation events and networking opportunities.
- Ensure links into the talent management strategy are maintained.
- Market and sell the programme externally.
- Evaluate the programme and track progress of participants.
- Role models and ambassadors case studies and publication.

An action plan will be developed for the priorities in list B if further resources are approved to support the activity.

4. Risk and Implications

EDI is in the spotlight; commitments have been made and staff have been asked to actively discuss and make pledges around race equality. Covid-19 has highlighted inequality in health and wellbeing for service users and staff across the NHS. Making improvements to equality is proven to improve quality of care, reduce absenteeism, staff turnover, and increase staff satisfaction and innovation through inclusive ways of working. There is a risk to reputation and staff satisfaction in not delivering on the commitments made.

Capacity is a concern. Currently the dedicated equality resource is a 22.5 hour per week Head of Equality post. The EDI agenda includes the WRES, WDES, Gender Pay Gap requirements, LGBT+ equality including the Rainbow Badge Scheme, identifying and addressing health inequalities and inequality of access and experience in services, responsibility for the £375,000 worth of Interpreting and Translation used across the Trust, Equality Impact Assessments and representing the organisation

regionally and nationally in equality networks. There is no budget for the activity. The staff networks are a vital support to the agenda. Officers are allocated half a day a month to deliver on the networks objectives but are regularly spending more time because of Covid-19. Within services there are excellent pockets of inclusive practice which could be optimised and developed across the Trust with more EDI capacity. These capacity concerns need to be addressed to meet the requirements and commitments set out over the last 6 months to staff effectively and sustainably. The EDI agenda also needs to be embedded into everything we do. A matrix (Appendix 6) for doing this has been developed but is dependent on the additional resource proposals set out in the paper going to SLT and then the W&EC on 28th September 2020.

5. Conclusion

The Board of Directors is asked to:

- Note the 2020 WRES and WDES results and approve the infographics and reports for publication.
- Consider and approve the priorities identified in section 3 and appendix 1.
- Note the challenge to capacity and resources outlined in section 3 and that a paper including all the EDI priorities and options for resourcing them effectively is going to SLT and the Workforce and Equality Committee for discussion on 28th September 2020.

Delivery against the action plan in Appendix 1 will be monitored at the Workforce and Equality Committee and at the Trust Board annually. Ongoing activity and milestones will be discussed and steered at the Strategic EDI Staff Partnership Group which meets every two months.

Lisa Wright
Head of Equality
10.09.2020