

Workforce and Equality Committee 10th September 2020

Paper title:	Workforce Race Equality Standard and Workforce Disability Equality Standard Update	Agenda item 13.0
Presented by:	Sandra Knight, Director of Human Resources and Organisational Development	
Prepared by:	Lisa Wright and Bo Escritt Head of Equality	

Purpose of the report		
<p>This report provides the 2021 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 2021.</p> <p>The report outlines the outputs and outcomes of the 2020-21 action plan and the priorities based on the results and ongoing engagement with staff for 2022-22.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>More positively the likelihood of being appointed by the Trust if white is now 0.97 it had previously been 2.14 times and the representation of BAME staff in bands 8a and above has increased to 25%.</p> <p>For the WDES performance has improved for 7 of the metrics with an increase in Disabled staff sharing their Disability status, the likelihood score of Disabled applicants being appointed</p>

after shortlisting increasing, more disabled staff saying that they feel their work is valued, more Disabled staff reporting that their Reasonable adjustments are adequate, less Disabled staff experiencing bullying, harassment or abuse from the public, their colleagues and managers and experiencing pressure from their manager to attend work when they are unwell. The likelihood of Disabled staff entering a formal capability process stayed the same at 0.00. Three metrics worsened. They are the percentage of Disabled staff who believe there are equal opportunities for career progression, the percentage of Disabled staff in bands 8a and above and the representation of Disabled staff on the Trust Board when compared with the rest of the organisation.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below	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 inequalities and actions are developed in response. The process is established within BDCFT to involve staff and stakeholders in the discussion and action planning.
	Yes	

Recommendation
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> Note the 2021 WRES and WDES results and approve the infographics and reports for publication. Consider and approve the priorities identified in section 3 and appendix 1.

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"> Risk 2: If the trust does not ensure staff are appropriately skilled, supported and valued this will impact on our ability to recruit / retain staff and on the quality of care. If staff do not have the ability to
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	<p>carry out their work in an appropriate setting, this will impact on the quality of care and staff morale and wellbeing.</p> <p>Risk 4: If we do not have leaders at all levels in the organisation, staff and patient experience will be negatively impacted. If we do not value and support inclusivity, we lose the opportunity to benefit from the full range of views, opinions and experiences when supporting staff and delivering care.</p>
<p>Links to the Corporate Risk Register (CRR)</p>	
<p>Compliance and regulatory implications</p>	<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 2017 Regulations. • WRES and WDES standards. • NHS Equality Delivery System Implementation.

Meeting of the Workforce and Equality Committee

10th September 2021

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 third submission of data against those metrics was made in August 2021.

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 (EDI) Workforce Strategy¹ was approved at Trust Board in January 2018 and ran 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. An EDI Strategic Staff Partnership is in place to scrutinise and support implementation. The EDI Workforce Strategy has been reviewed with a Belonging and Inclusion Plan replacing it in the Autumn 2021.

The data collected for both standards was submitted via the Strategic Data Collection Service (SCDS) NHS Digital database and the DCF online platform in August 2021. This report outlines the headlines from that submission, the comparison, and trends over the previous years and the actions that will be and already are being embedded into the Belonging and Inclusion Plan. 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

2 Proposed Outcome

Over the past 18 months inequality and the importance of EDI has been further 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 the appetite for in depth conversation and understanding of the need for change has deepened. 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.

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

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.

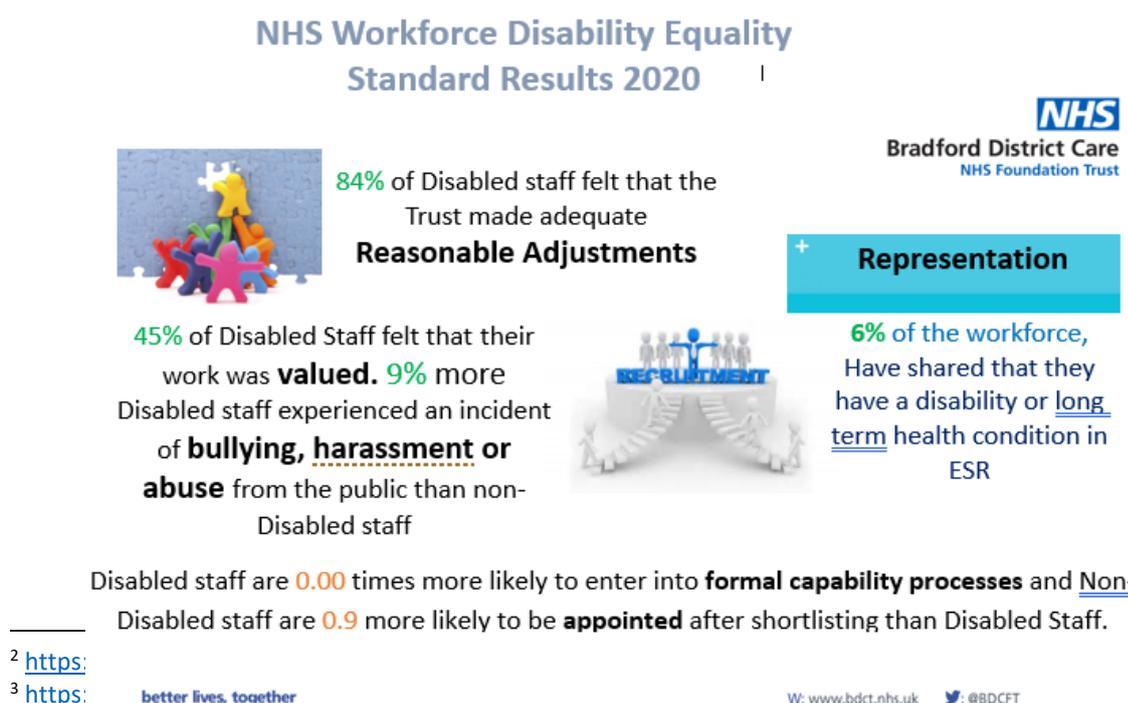
<https://youtu.be/0e24rfTZ2CQ>

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. 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**.

The infographic below provides a summary of the headline data. Where the data is green there has been an increase from the 2020 WDES results. Where it is amber the data has stayed the same.



The WDES results demonstrate small improvements in 7 metric areas including Reasonable Adjustments, experiences of bullying and harassment and staff sharing that they have a disability which is encouraging.

There has however been a widening of the gap in:

- Disabled staff reporting incidents of bullying, harassment or abuse (1.3% increase),
- Disabled staff reporting they believe that there are equal opportunities for career progression or promotion (5.4% increase).
- Disabled staff engagement (0.5 reduction in score).

2.1.2 Key Outputs and Outcomes: -

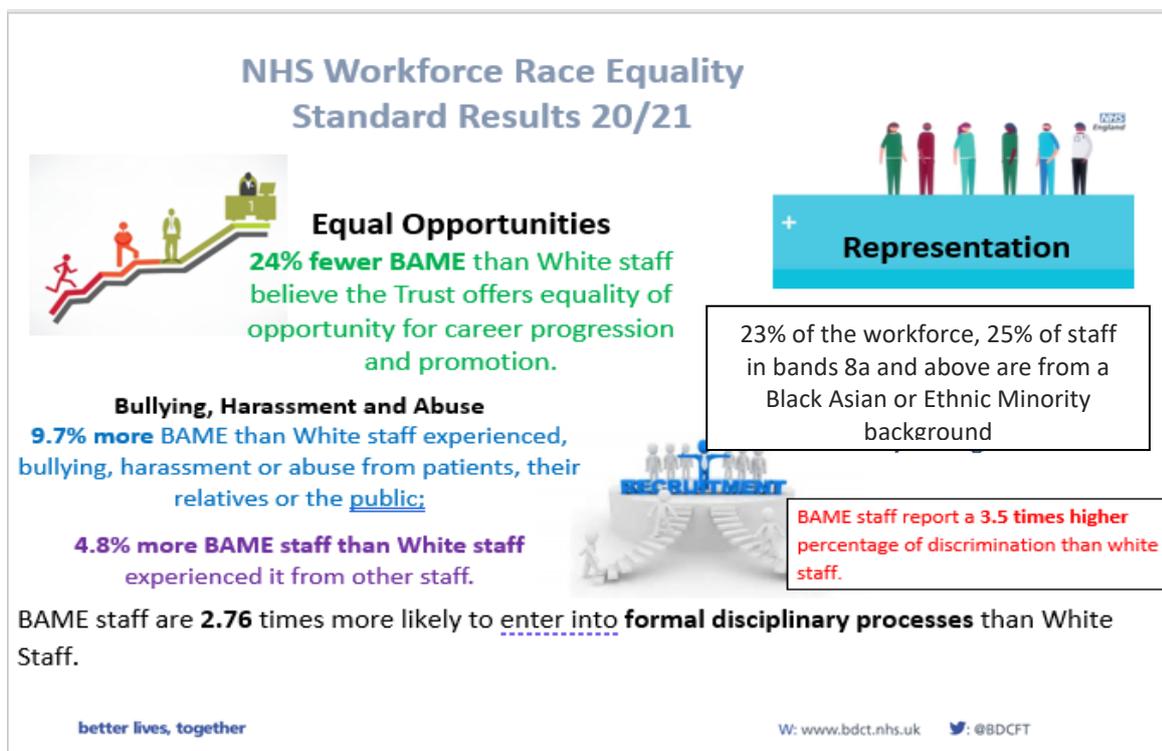
- WDES data submitted, and plan developed in response to the information; sessions held to share the data and develop and gain feedback.
- Beacon Staff Network launched in June 2020, the group now has 60 members, meeting bi-monthly with agreed objectives and Terms of Reference. The network has led an Executive Broadcast and are shaping the Disability Policy.
- Steady 1% year on year increase in staff sharing their Disability information in ESR.
- Implementation of the Supporting Attendance Policy with *enhanced* sections on Disability and Reasonable Adjustments.
- Development of a draft Disability Policy (December 2021) which aims to:
 - support Disabled staff to feel confident to share information about their health and wellbeing.
 - ensure that reasonable adjustments are made to enable Disabled staff.
 - record Disability Absence and Disability Related Sickness in a way that safeguards against indirect discrimination of Disabled staff.
 - support the implementation of the NHS Workforce Disability Equality Standard.
- All staff have had, and new starters will have a Combined Risk Assessment aimed at supporting staff health and wellbeing.
- The Wellbeing@Work offer has been developed to include information for staff from diverse groups and to offer specific support to staff with Disabilities and Long-Term Health Condition.
- The development and launch of the EDI Calendar which celebrates and marks specific Disability dates within the year to promote awareness and deepen understanding.

2.2 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.

2.2.2 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. *The infographic below highlights the headline data.*



2.2.3 A range of activity has already been undertaken as part of the agreed WRES action plan, including: -

- Unconscious Bias Training, Discussions and reflective spaces to discuss race and racism across the Trust and within teams.
- 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. The assessment is now embedded into HR processes and all new starters receive a risk assessment.

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

- Development of Anti-Racism Tools. Support of the Root out Racism programme. Programme of live Black Lives Matter discussions.
- Development of Wellbeing@Work pages supporting staff from diverse groups.
- Review of the Disciplinary Policy (December 2021).
- Review of the Managing Racial and Other Types of Abuse from Service Users, Carers and the Public Policy.
- BAME representation in recruitment and selection processes.
- 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 the following priority areas have been defined as key to tackling the inequalities identified by the WRES and WDES.

In **Appendix 1** these priority areas are broken down in a detailed action plan with the deliverables and timescales.

- Development and implementation of a Belonging and Inclusion Plan that brings together EDI Workforce and Operational Objectives into one document.
- Ensure the Trust has thriving staff networks.
- Deliver of the new calendar of Diversity events throughout the year.
- Developing an inclusive culture programme across the Trust; development of EDI sharepoint pages, e-learning and interactive sessions.
- Ensuring Compliance with the WRES requirements, supporting compliance with the Equality Act 2010 and NHS Equality Delivery System; deliver on priority areas:
 - Review Disciplinary data and cases, disciplinary policy and processes propose a plan for change in line with just culture.
 - Review Recruitment and Selection data and processes.
 - Develop *and implement* an Anti-Racism tool kit.
 - *Implement in partnership with the MH collaborative the Moving Forward Plus* programme.
- Prepare for Implementation of the Medical Workforce Race Equality Standard; dates to be released.
- Ensuring Compliance with the WDES requirements, supporting compliance with the Equality Act 2010 and NHS Equality Delivery System.
 - Launch of the Disability Policy and resources.
 - Launch of the Reasonable Adjustments Guidance and equipment ordering Standard Operating Procedure.
 - Increase the number of staff sharing information about their Disability in ESR and reduce the 'not known' figure.
- Implementation of the Equality and Human Rights Impact Assessment Matrix.

4 Lesbian, Gay and Bisexual (LGB) workforce analysis 2020

Although not a statutory obligation an LGB workforce analysis was undertaken for the first time this year. Data for the transgender workforce is not recorded and therefore not included in the analysis. The analysis compares the LGB workforce experience to the heterosexual workforce experience on indicators 5 to 8 which taken from the staff survey. The results identified that LGB staff have a worse experience in general to their heterosexual counter parts with bisexual reporting an even worse experience than lesbian and gay staff. Several recommendations have been made by the Rainbow Alliance chairs in order to address the concerns that this analysis raises. The analysis can be found in **Appendix 6**.

5 Risk and Implications

EDI continues to be a high priority within the NHS. It is important that the work is supported and led across the Trust to make real sustainable cultural change. The EDI resource is small and focus on services and directorates developing their own equality objectives is key to success. Without this the work will remain compliant but will not mature to integrated and disruptive approaches to EDI that challenge the status quo and are innovative. The Belonging and Inclusion Plan sets out the method for embedding equality across the organisation including for example identification of EDI Cultural Ambassadors in services.

Conclusion

The Workforce and Equality Committee is asked to:

- Note the 2021 WRES and WDES results and approve the infographics and reports for publication.
- Consider and approve the priorities identified in section **3 and appendix 1**.

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

Lisa Wright and Bo Escritt
Head of Equality, Diversity and Inclusion
18.08.2021