

<b>Agenda Item No</b>
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<b>Meeting</b>	Board of Directors
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<b>Date</b>	July 2020
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<b>Title</b>	Workforce Race Equality Standard (WRES) 2020 Workforce Disability Equality Standard (WDES) 2020			
<b>Executive Summary</b>	<ol style="list-style-type: none"> <li>1. Our commitment to ensuring Equality Diversity and Inclusion within our workforce is essential to ensure that we deliver safe, caring and excellent services in line with our Trust values.</li> <li>2. Implementing the Workforce Race Equality Standard and the Workforce Disability Equality Standard is part of our commitment to meeting the Equality Delivery Standards, which are both a required component of the standard NHS contract.</li> <li>3. The paper sets out that there has been some improvement in the last twelve months surrounding this important agenda though more focused work is required.</li> </ol>			
<b>Previously considered by</b>	Not Applicable			
<b>Next steps/future actions</b>	Discuss	<input checked="" type="checkbox"/>	Receive	<input checked="" type="checkbox"/>
	Approve	<input checked="" type="checkbox"/>	Note	<input type="checkbox"/>
	For Information	<input type="checkbox"/>	Confidential y/n	N

This Report Covers the following objectives(please tick relevant boxes)

Quality, Safety and Patient Experience	<input checked="" type="checkbox"/>	To be well governed	<input checked="" type="checkbox"/>
Valued Provider	<input checked="" type="checkbox"/>	To be financially viable and sustainable	<input type="checkbox"/>
Great place to work	<input checked="" type="checkbox"/>	To be fit for the future	<input checked="" type="checkbox"/>

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## **Introduction**

1. Our commitment to ensuring Equality, Diversity and Inclusion within our workforce is essential to ensure that we deliver safe, caring and excellent services in line with our Trust values.
2. Colleagues will know there is evidence of disproportionate mortality and morbidity amongst Black, Asian and Minority Ethnic (BAME) people, including NHS staff who have contracted COVID-19. This evidence shines a light on our responsibilities as an employer and as a health care provider to our communities – to address inequality within our workplace and promote inclusion in everything that we do.
3. The importance of inclusion is embedded into the Five Year Forward View (FYFV), and within our own Five Year Strategy. Both documents identify how important it is that inclusion is integral to any and all activities to ensure we provide the best health and care services to the diverse communities we serve.
4. Prerana Issar – Chief People Officer, shared the publication – A fair experience for all: which states; to be a model employer, the NHS needs to be an inclusive employer with a diverse workforce at all levels. However, having a diverse workforce at all levels is not the end game; staff also need to feel fully engaged and supported within the workplace.
5. There are two key documents that the Trust is required to publish externally. These being: - The Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) with the associated action plans.
  - The Workforce Race Equality Standard (WRES) provides a framework for NHS Trusts to report, demonstrate and monitor progress against a number of indicators of workforce equality, and to ensure that employees from black and ethnic minority (BAME) backgrounds receive fair treatment in the workplace and have equal access to career opportunities. The requirement to have signed up to the Workforce Race Equality Standard (WRES) has been included in the NHS standard contract since 2016. It focuses on meeting requirements around ethnicity and hinges on nine race equality Indicators as part of the Equality Delivery System. These indicators are a combination of workforce data and results from the National Staff Survey.
  - The Workforce Disability Equality Standard (WDES) provides a framework for NHS Trusts to report, demonstrate and monitor progress against a number of indicators of workforce equality, and to ensure that disabled employees receive fair treatment in the workplace and have equal access to career opportunities. WDES has been a requirement of the CCG Contract & NHS Contract since 2018/19. The WDES is a set of ten specific measures (metrics) that will enable organisations to compare the employment experiences of disabled and non-disabled staff. It applies to all NHS trusts and Foundation Trusts from April 2019 and is a key step for NHS organisations to improve equality for the NHS workforce. It compares the reported outcomes and experiences between Disabled and non-disabled staff based on 10 metrics, It highlights at a glance the experiences of Disabled staff.

## **Performance / Key Findings (WRES)**

1. The following improvements have been made since the last reporting year:-
  - In the last year, there has been a 0.45% increase in the overall number of BAME staff employed - from 12.4% (2018/19) to 12.9% (2019/20). Worthy of note is that

in the last year there has been an increase of 154 Headcount, and of these 29% have been BAME members of staff. These figures are taken as a snapshot on the 31 March 2020.

- The table below shows the distribution of the BAME workforce across the banding levels within the Trust, with a variance from the previous reporting period shown in the end row. Deeper workforce analysis shows that for 2019/ 2020 the majority of BAME staff are clinical and continue to be clustered at the middle pay bands. The headcount increased by 5 members of staff in clinical and non-clinical roles 8a and above and by 5 within the medical and dental workforce.



BME	Under Band 1	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8C	Band 8D	Band 9	VSM	Medical
Non-Clinical	0.02%	0.02%	0.57%	0.39%	0.32%	0.20%	0.07%	0.00%	0.02%	0.04%	0.00%	0.00%	0.02%	0.02%	-
Clinical	0.00%	0.00%	1.16%	0.45%	0.32%	4.08%	1.64%	0.80%	0.12%	0.05%	0.00%	0.02%	0.00%	0.00%	2.57%
Overall	0.02%	0.02%	1.73%	0.84%	0.64%	4.28%	1.71%	0.80%	0.14%	0.09%	0.00%	0.02%	0.02%	0.02%	2.57%
2019 v 2020	-0.06%	0.00%	0.08%	0.03%	-0.05%	0.23%	-0.01%	-0.02%	0.00%	0.05%	0.00%	0.02%	0.00%	0.00%	0.18%

- Staff Engagement scores for BAME Staff (7.3) working in the Trust were slightly higher than from White Staff (7.2). Following the introduction of the Go Engage tool in 2019 we are able to monitor and respond to engagement scores from protected characteristics perspective. The table below shows the engagement scores for the last year collected through go-engage:

Overall Engagement Score*					
	Trust	BME Staff	White staff	Disabled staff	Non disabled staff
Q1	4.08	4.03	4.12	3.89	4.11
Q2	4.04	4.05	4.06	3.94	4.07
Q3	4.05	4.14	4.07	3.88	4.11
Q4	3.98	3.79	4.01	3.76	4.00

*\*Please note go-engage score range is 1-5*

- The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants has decreased from 1.53 in 2018/2019 to 1.3 in 2019/2020. This is now lower than the national average of 1.46 in 2019. These figures are calculated on a cumulative basis over the 12 months basis.
  - The relative likelihood of BAME staff accessing Non-Mandatory training or CPD has remained at 0.9 in the last 24 months.
  - The number of BAME staff that reported a change in the levels of Bullying & Harassment from patients & relatives towards BAME staff has reduced again this period - down from 32% to 29% (there was also a decrease reported from White staff from 31% to 22%).
2. The following deteriorations have been made in WRES performance since the last reporting year:-

- There has been an increase in the likelihood of BAME staff entering the disciplinary process (from 1.59 to 1.64). A score of 0.8 - 1.25 indicates a non-adverse range. A score greater than 1.25 for BAME staff indicates they are more likely to be subject to formal process. It is worthy to note that this indicator is calculated over a rolling 2 year period. Of note the number of BAME staff subject to disciplinary action has decreased in 2019/2020, the impact of the ongoing work across the trust is expected to be reflected in this indicator reducing in the next reporting period.
- In the last 12 month more BAME staff have personally experienced discrimination from either their manager, team or colleague (from 18% in 2018/2019 to 21% in 2019/20).
- The percentage of BAME staff believing the Trust provides equal opportunities for career progression or promotion has worryingly decreased (from 75% in 2018/2019 to 68% in 2019/20) this factor has declined for 3 reporting periods.

### **Actions taken in 2019 – 2020**

1. Since the WRES paper was last presented to the Board of Directors the following actions have been undertaken:-
  - a. NED Board Inclusion champion in place. This individual's attendance at key meetings has been both valued and appreciated by the workforce.
  - b. A BAME Forum and has been established and is well attended. Note currently just one third of NHS organisations have a BAME Forum.
  - c. FTSU Champions have been appointed from a wide diversity of backgrounds and includes a number of colleagues with protected characteristics.
  - d. Recruitment processes have been reviewed to ensure Inclusion is included within all aspects of the recruitment cycle. This includes the introduction of a toolkit to help managers to develop inclusive practice at every step of the recruitment process, with a selection of inclusive interview questions.
  - e. Leadership programmes have been developed in consultation with the BAME staff. Specifically we will shortly introduce a 12 month development programme to provide the knowledge and skills to develop BME leaders of Bolton's future. This consists of 12 months developed, ILM inclusive leadership certificate, workplace improvement projects delivered through the lens of inclusion and participation of the newly developed reciprocal mentoring programme.
  - f. A tool kit has been developed to support managers to help them to recruit a more diverse workforce.
  - g. Behaviours. Inclusion is at the very heart of the new behaviour pledge that the Workforce Assurance Committee recently supported and is due to be approved at July Board of Directors.
  - h. We launched an equality impact assessment process to ensure policies and initiatives are equality impact reviewed.
  - i. We developed a robust process to commission and monitor employee relations cases to ensure a consistent equal approach.
  - j. High risk groups Risk Assessment. Given that some colleagues with a protective characteristics are more likely to contract and suffer from Covid then the Trust has put in place a risk assessment process for all of our 827 colleagues. Currently over 70% have been completed and we have set our self an internal target of all being completed by the end of June.
  - k. Managers attended an accredited investigators training programme in November 2019 to ensure a consistent approach for managers when they are conducting employee relation investigations. Over 100 participants attended which now forms a cohort of Investigating Officer's across the Trust.

- i. An EDI Annual Integrated Workforce report was produced for the period 2018/2019. It is a national requirement to produce the WRES and WDES at trust level. In order to provide accountability and focus at divisional level these reports were developed at that level with other equality data to provide leaders with a whole picture.
- m. We have been short-listed by the HPMA for an Inclusion Award recognising the work that has been conducted to develop a golden thread of inclusion throughout the performance and governance functions within the trust. Focus is required to truly embed this work so the workforce can feel the difference from their perspective.
- n. The just culture checklist has been developed and embedded into the commissioning process prior to a formal investigation being undertaken. A disciplinary fast track process has been agreed with staff representatives and has been incorporated into the updated Disciplinary Policy. In addition the Commissioning Manager is no longer in the Disciplinary Panel which brings increased objectivity to the Panel as they will be reviewing the case without prior oversight.

### **Actions to be taken moving forward (WRES)**

1. Whilst some improvement has clearly been made, there remains considerable work that needs to be undertaken. This year the WRES action plan has been developed in conjunction with the BAME network.

The WRES action plan will continue to be grouped into three workstreams:-

- Workstream 1 - Make recruitment fairer
  - i. Designated members of the BAME staff network have agreed that they will act as a guardian of a fair process by inputting into recruitment processes of band 7-9 job vacancies. Training had been arranged for September 19 with only one member of staff signing up. In the June 2020 staff forum there were renewed interest in becoming panel buddies therefore this approach will be re-visited and the training will take place in September 2020.
  - ii. Un-conscious bias training will be reconfigured due to COVID-19 and rolled out in a new format.
  - iii. The BAME Network have received support sessions aimed at current BAME staff to help with the application form process and interviewing skills within the BAME network meeting in February 2020, further sessions will be developed to run in a virtual format.
  - iv. The BAME Network had a development session in February 2020 with the Head of Resourcing to identify way to reach wider communities, this work will continue throughout 2020/21.
  - v. Recruitment audits commenced in July 2019 and will be undertaken quarterly. These audits involve identifying from TRAC posts that have received BME applicants, posts will be randomly selected to ensure that a robust, fair process has been followed. The first findings of these audits will be presented to the Workforce Assurance Committee in the Quarter 3 report. Escalation will then be provided to Board members via the WAC Chairs report. Audits findings will form part of Recruitment update reporting to WAC in August 20.

- Workstream 2 – Workplace Experience
  - i. Significant work has been undertaken with the BAME staff forum and early signs show the staff to be positively engaged and supportive of the group. Further forums will be developed in 2020/21.
  - ii. The Trust's reciprocal mentoring programme has been developed and training for the programme will commence in the autumn.
  - iii. The new VOICE Behaviour Framework will be implemented across the trust to help to develop and embed an inclusive culture. Subject to Board approval the new behaviours will be launched in August 2020.
  - iv. Engagement events will take place at local level regarding the findings in the EDI annual integrated report. This will inform the inclusion divisional action plans.
  
- Workstream 3 – Support and enable Career Development
  - i. We will ensure that we maximise the 'take up' of the Leadership Academy programmes such as the 'Stepping Up Programme' and the 'Ready Now' programme. These programmes are leadership development programmes for aspiring BAME colleagues who work within a healthcare setting. They aim to create greater levels of sustainable inclusion within the NHS by addressing the social, organisational and psychological barriers restricting BAME colleagues from progressing.
  - ii. Linked to the above we have developed an internal positive action leadership development programme – The Bolton Accelerator Management Experience. This programme generated a lot of interest from our BAME workforce and was due to commence on the 1 April 2020 with 15 delegates, however was postponed due to the Pandemic. This programme will be rescheduled and reconfigured with some sessions running virtually and will now run later in the year.
  - iii. A process to capture all development and CPD is being explored which will help to identify equal opportunities for training and development. A long-term solution is being developed to link to the ESR/OLM project and digital transformation plan.

### **Performance / Key Findings (WDES)**

1. This is the second year that the WDES has been produced, meaning we are able to provide a comparison to last year. Where possible comparators have been given against known national averages – via the NHS Staff Survey. It is recognised that the data is poor across the whole NHS and much work is required to improve declaration rates to enable true visibility of issues related to our disabled workforce.
  
2. 2.57% of our staff has reported themselves as having a disability (via ESR – HR information system); this has reduced since 2018/19 (2.75%) this is very different to the number who declared themselves as disabled via the NHS Staff Survey (19.3%). Nationally 3% of staff report that they have a disability in the NHS (via ESR – HR information system), with 19.2% declaring that they have a disability on the NHS Staff survey.
  
3. Workforce analysis shows that the majority of Disabled staff are clustered at Bands 1-8a. 39 non-clinical members of staff declared a disability, of these 95% were in bands 1-7 and 5% are in bands 8a+. 105 clinical members of staff declared a disability 91% of these staff are in bands 1-7 and 9% are in bands 8a+.
  
4. Staff Engagement scores for Disabled Staff have reduced from 7.1 in 2018/19 to 6.8 in 2019/20. The Trust score higher than most GM trusts for disabled staff engagement.

Non-Disabled staff feel that they are satisfied that the organisation values their work (Disabled 43%, Non-Disabled 55%).

5. The percentage of disabled staff who have experienced harassment, bullying or abuse from patients/relatives/public has decreased (34% in 2018/19 to 26% in 2019/20), increased by 9% from managers (10% in 2018/19 to 19% in 2019/20) and increased by 10% from colleagues (20% in 2018/19 to 30% in 2019/20).
6. The relative likelihood of Disabled applicants being appointed from shortlisting compared to non-disabled applicants is 1.57. This has increased since 2018/19 (1.41). 77% disabled staff feel that the Trust provides equal opportunities for career progression (Disabled 77%, Non-Disabled 86%)

#### **Actions taken in the last 12 months related to the WDES**

1. We have been recognized as a Disability Confident Employer – this means that the Trust has processes in place to ensure that disabled people and those with long term health conditions have the opportunities to fulfill their potential and realise their aspirations. We will now aspire as a Trust to achieve the third level – Disability Confident Leader, however it is clear that much work is still needed to enable the Trust to achieve the next level.
2. Physical – physical adjustments can take place in the form of the environment and to support individuals with physical health conditions. A range of additional support has been introduced over the last 12 months. MSK is a frequent cause of ill-health for employees often resulting in them becoming disabled. The Trust has an excellent staff physiotherapy service providing fast track service for staff suffering from an MSK condition. The Trust has recently increased the number of appointments available for staff.

The sports and social club is currently being used to house staff changing facilities as part of the Trust's Covid-19 response work. However throughout lockdown we have delivered virtual physical fitness classes free of charge to our workforce which has proved popular with staff.

Mental - A range of initiatives and approaches have been introduced at an organisational level over the last 12 months. This has included investing in additional counselling services for our staff to use. We launched the Employee Assistance Programme (EAP) that provides a 24/7 help and advice telephone line, 24/7 telephone counselling, online cognitive behavioural therapy programme and tools and additional support services. The Trust continues to run an innovative, modular-based 'Caring for Yourself Programme' for staff, the aim of the programme was to equip staff with additional tools and support to improve their resilience ahead of the winter period. A wide range of mental health packages have been implemented to support the workforce throughout COVID-19 which all staff have access to which ranges from on-line fitness classes and apps to support self-directed meditation and relaxation.

A reasonable adjustment passport has been introduced which allows an employee and their manager to effectively manage and review reasonable adjustments.

#### **Actions to be taken moving forward related to the WDES**

It is clear that there is much work to do in relation to our approach to supporting the workforce who identify with a disability or long term condition, in addition to the actions listed below, we will develop a meaningful action plan through disability engagement forums. We will listen to what the issues are for staff that do have disability/ long terms conditions and will work with them to agree time limited actions and priorities.

- A key focus this year will be ensuring that the information we hold on our HR systems is accurate. We know from the NHS Staff Survey that a number of our staff are choosing not to declare their disability. As such, the Trust will need to fully understand the reasons for this and then put appropriate measures in place to increase our staff confidence in declaring their disability.
  - a. The 'portlet' (section) for updating EDI information has been added to the 'portal' (homepage) screen of ESR, the Trust's core Workforce, Finance and Payroll system. An integrated communications plan including enabling employees to access payslips, change personal details, conduct pay progression or appraisal meetings and also update EDI details has commenced. So far this has included Trust-wide emails, individualised emails, text messaging, articles on the intranet, social media posting, creation of 'how-to' guides and videos and soon a poster campaign. Traffic through the MyESR app is expected to increase significantly once paper payslips are turned off (approx. July 2020) and from the same application as digital copies can be accessed, so too the disability details can be updated.
- Physical Health. The Trust has offered virtual online exercise classes to staff members during the COVID 19 response. These have been well attended and the Trust have received positive feedback. The trust will further explore this offer to establish a permanent offer for staff physical health needs which they can access at a time suitable to them.
- Mental Health. The well being of all the workforce is a top priority for the Trust and some of the plans have been accelerated as part of the COVID 19 response. Wellbeing support that is available for staff is listed below.
  - **Time out** - Lavender rooms have been established across the Trust these provide safe, quiet and confidential space where you can take time out to pause, reflect and access self-care resources anytime during your working day/shift.
  - **Telephone Support** – The trust has an Employee assistance programme which is a 24 hour 7 day a week confidential helpline and telephone counselling service. Occupational health support is available to staff by appointment and by phone, staff now have access to a NHS National helpline and a Bereavement Support service is available internally.
  - **Virtual/Online Support** - Wellbeing check-ins have been established for staff so they are able to speak online to a member of the Boo Coaching Team through Zoom. These sessions are open to individuals and teams. They provide space to reflect on how they are feeling, their stress triggers and what staff are doing to care for themselves.
  - The trust Caring for yourself programme has been adapted to webinars, there are a range of webinars that were developed as part of the Caring for Yourself Programme that has been delivered across the Trust. We're in the process of commissioning two further programmes (virtual & face to face delivery) which will start in July 2020.
  - The Trusts Vivup portal details a wide range of programmes and support available staff and the silver Cloud digital mental health platform is a FREE online support for mental health and wellbeing available to all GM residents. It provides online therapy to help with stress, anxiety, low mood and depression. Silver Cloud also offers a number of online programmes to help improve sleep or build resilience. Each programme uses proven methods, including cognitive behavioural therapy, and all information entered is anonymous, confidential and secure.
  - **Face-to-Face Support** - Drop-in support clinics have been established so staff members can speak confidentially to a member of the Clinical Health Psychology Team available 7 days a week. Wellbeing walkabouts members of the Boo

Coaching Team and the Staff Wellness Support Team will be out and about on the hospital site and dropping in to community buildings to talk to staff about their wellbeing needs and provide mental wellbeing support. Specific times when members of the team will be based in a private room for you to come along and talk to will be promoted on the intranet.

- **Mobile Phone Apps** – A number of apps have been made available to the workforce. ShinyMind App - FREE App providing mental wellbeing & resilience activities, resources, tools & functionality to send/receive positivity messages between colleagues within the Trust and Headspace App - FREE App providing meditation activities & resources.
- **Psychological Support** - We're currently putting arrangements in place for staff to be able to access PTSD/trauma specialist counselling via a third party organisation based in Bolton. A bid has been submitted to the Executive Team to fund the purchasing of a 2-year licence to run Schwartz rounds which is a tried and tested approach to psychological debriefing.
- **Caring for Your Teams** - We've also sought funding to commission a 'Caring for Your Teams' – a healthy workplace programme aimed at line managers to help them to have better wellbeing conversations and spots the signs of mental health problems within their team and colleagues. It is hoped that this programme will be up and running, both virtually & face to face, in August 2020.

### **Additional information**

1. At Divisional level, an integrated report has been developed to enable Divisions to have an overview of all inclusion strands. The WRES AND WDES are generally reported across the NHS at Trust level, however drilling down the Trust has found that we are able to identify hot spot areas to target interventions. This will inform Divisional inclusion action plans which will be presented to the EDI steering group and workforce assurance committee.
2. Age: The Trust has an ageing workforce with 57% of the trust workforce over the age of 40. The average age of an employee at the Trust is 43 (male 42, female 44) in line with the national average in the NHS of 43. The Trust needs to be prepared for the fact, just like the community that the Trust serve their workforce will experience ill-health, impairment and disabilities. Retaining staff with lived experiences can be beneficial to Trusts as their understanding can enhance patient care. A lot of these issues will form part of the actions identified through the WDES. Flexible working, including different or set working patterns has been proven to enable older workers to work to a higher pension age. The Trusts staff survey results show that the Trust have made excellent improvements with a positive score of 58% that the Trusts offers opportunities for flexible working compared to the national comparator of 53.8%. There are still improvements that can be made the trust will consider these factors when reviewing their agile/home working approach.
3. Gender - To support our commitment to eradicate the gender pay gap within the trust we are exploring the internationally recognised Springboard women's development programme. Research has been conducted and costings identified. We are currently exploring external funding opportunities.

### **Measurement and Monitoring**

1. The Trust will develop improvement targets for inclusion strands that will be monitored by the workforce assurance committee (WAC) and reported to board through the chairs report. These targets will be set at division and trust level.

2. The Equality action plan (which includes WRES and WDES) will be regularly monitored by the Equality and Diversity Steering Group. The Workforce Assurance Committee (WAC) will provide oversight and reporting to the Board via the normal WAC Chair report. The WRES and WDES data and action plan will be published on the NHS England portal and the Trust's website.

### **Recommendations**

1. The Board of Directors is asked to:
  - a. Note the details of the Report.
  - b. Note the actions that will be taken to improve performance against the key WRES and WDES Indicators. The Board of Directors will be updated on the progress being made via the Workforce Assurance Committee Chair's report.
  - c. Highlight any specific additional assurance / workforce information required.

## Trust Results

### WORKFORCE RACE EQUALITY STANDARD 2019/2020

WRES Indicator	2018/19		2019/20	
Total number of staff	5457		5611	
Proportion of BME staff employed	12.44%		12.89%	
The proportion staff who have self-reported their ethnicity	94.04%		94.05%	
Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.	Shown to the right			
Relative likelihood of staff being appointed from shortlisting across all posts.	1.53		1.3	
Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	1.59		1.64	
Relative likelihood of staff accessing non-mandatory training and CPD.	0.9		0.9	
KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White: 31% BME: 32%		White: 22% BME: 29%	
KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White: 16% BME: 29%		White: 24% BME: 25%	
7 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White: 90% BME: 75%		White: 86% BME: 68%	
8 Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White: 5% BME: 18%		White: 5% BME: 21%	
Percentage difference between the organisations' Board voting membership and its overall workforce	White: -1.60% BME: -5.77 %		White: -1.16% BME: -6.22 %	
The Staff engagement score: (not officially collected as part of the WRES)	White: 7.3 BME: 7.7 Christian: 7.3 Muslim: 8.1		White: 7.2 BME: 7.3 Christian: 7.3 Muslim: 7.7	

### WORKFORCE DISABILITY EQUALITY STANDARD 2019/2020

WDES Indicator	2018/19		2019/20	
Total number of staff	5457		5611	
Proportion of Disabled staff employed	2.75%		2.57%	
The proportion staff who have self-reported their disability	71.47%		73.53%	
Percentage of staff in each of the AFC paybands or Medical and Dental subgroups and VSM (including executive board members) compared with the % of staff in overall workforce	Available to the right			
Relative likelihood of staff being appointed from shortlisting across all posts.	1.41		1.57	
Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process.	Not available		0	
a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:				
<i>i: Patients/their relatives/Public</i>	D: 34% ND: 24%		D: 26% ND: 22%	
<i>ii: Managers</i>	D: 10% ND: 11%		D: 19% ND: 10%	
<i>iii: Other colleagues</i>	D: 20% ND: 16%		D: 30% ND: 15%	
Q13. b) Percentage of Disabled staff compared to non-disabled staff saying the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	D: 68% ND: 50%		D: 42% ND: 41%	
Q14. Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion	D: 85% ND: 89%		D: 77% ND: 86%	
Q11. Percentage of Disabled staff compared to non-disabled staff saying they felt pressure to come to work despite not feeling well enough to perform their duties.	D: 27% ND: 19%		D: 32% ND: 15%	
Q5. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work	D: 47% ND: 57%		D: 43% ND: 55%	
Q28. b) Percentage of disabled staff saying their employer has made adequate adjustment(s) to enabled them to carry out their work	74%		69%	
The staff engagement score	D: 7.1 ND: 7.4		D: 6.8 ND: 7.4	

\* D = Disabled, ND = Non-Disabled

**WRES: Divisional Results**

WORKFORCE RACE EQUALITY STANDARD							
WRES Indicator	Trust Wide		Adult Acute	Anaesthetics	Diagnostics	Family Care	ICS
	2018/19	2019/20	2019/20	2019/20	2019/20	2019/20	2019/20
Total number of staff	5457	5611	1129	1115	702	1240	978
Proportion of BME staff employed	12.44%	12.89%	14.88%	14.80%	17.95%	9.35%	10.33%
The proportion staff who have self-reported their ethnicity	94.04%	94.05%	95.31%	93.09%	94.73%	92.34%	95.60%
Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.							
Full details available in appendix							
Relative likelihood of staff being appointed from shortlisting across all posts.	1.53	1.3	0.63	1.2	1.02	1.53	2.03
Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	1.59	1.64	3.6	0.88	0.71	1.97	2.75
Relative likelihood of staff accessing non-mandatory training and CPD.	0.9	0.9	0.92	0.94	0.90	0.80	0.90
KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White: 31% BME: 32%	White: 22% BME: 29%	White: 7% BME: -	White: 24% BME: 36%	White: 24% BME: 36%	White: 31% BME: -	White: 28% BME: -
KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White: 16% BME: 29%	White: 24% BME: 25%	White: 17% BME: -	White: 20% BME: 24%	White: 20% BME: 24%	White: 16% BME: -	White: 14% BME: -
7 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White: 90% BME: 75%	White: 86% BME: 68%	White: 93% BME: -	White: 93% BME: 75%	White: 93% BME: 75%	White: 89% BME: -	White: 87% BME: -
8 Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White: 5% BME: 18%	White: 5% BME: 21%	White: 10% BME: -	White: 7% BME: 24%	White: 7% BME: 24%	White: 3% BME: -	White: 4% BME: -
Percentage difference between the organisations' Board voting membership and its overall workforce	White: -1.60% BME: -5.77 %	White: -1.16% BME: -6.22 %					
The Staff engagement score:			White: 7.2 BME: 7.3	Christian: 7.3 Muslim: 7.7			

NR = Not recorded. Red text = reduction in performance

**WDES: Divisional Results:**

WORKFORCE DISABILITY EQUALITY STANDARD							
WDES Indicator	Trust Wide		Adult Acute	Anaesthetics	Diagnostics	Family Care	ICS
	2018/19	2019/20	2019/20	2019/20	2019/20	2019/20	2019/20
Total number of staff	5457	5611	1129	1115	702	1240	978
Proportion of Disabled staff employed	2.75%	2.57%	2.39%	2.24%	2.99%	1.85%	3.07%
The proportion staff who have self-reported their disability	71.47%	73.53%	73.60%	68.97%	74.07%	69.92%	80.88%
Percentage of staff in each of the AFC paybands or Medical and Dental subgroups and VSM (including executive board members) compared with the % of staff in overall workforce							
Full details available							
Relative likelihood of staff being appointed from shortlisting across all posts.	1.41	1.57	5.64	2.27	0.93	1.41	0.89
Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process.	NA	0	0	0	0	0	0
a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:							
<i>i: Patients/their relatives/Public</i>	D: 34% ND: 24%	D: 26% ND: 22%	D: - ND: 33%	D: 29% ND: 25%	D: 29% ND: 25%	D: 31% ND: 33%	D: - ND: 29%
<i>ii: Managers</i>	D: 10% ND: 11%	D: 19% ND: 10%	D: - ND: 14%	D: 18% ND: 10%	D: 18% ND: 10%	D: 19% ND: 6%	D: - ND: 8%
<i>iii: Other colleagues</i>	D: 20% ND: 16%	D: 30% ND: 15%	D: - ND: 17%	D: 39% ND: 17%	D: 39% ND: 17%	D: 31% ND: 11%	D: - ND: 10%
Q13. b) Percentage of Disabled staff compared to non-disabled staff saying the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	D: 68% ND: 50%	D: 42% ND: 41%	D: - ND: 48%	D: 40% ND: 40%	D: 40% ND: 40%	D: 55% ND: 65%	D: - ND: 47%
Q14. Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion	D: 85% ND: 89%	D: 77% ND: 86%	D: - ND: 91%	D: 80% ND: 91%	D: 80% ND: 91%	D: 100% ND: 88%	D: - ND: 80%
Q11. Percentage of Disabled staff compared to non-disabled staff saying they felt pressure to come to work despite not feeling well enough to perform their duties.	D: 27% ND: 19%	D: 32% ND: 15%	D: - ND: 8%	D: 39% ND: 14%	D: 39% ND: 14%	D: 15% ND: 11%	D: - ND: 11%
Q5. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work	D: 47% ND: 57%	D: 43% ND: 55%	D: - ND: 58%	D: 54% ND: 59%	D: 54% ND: 59%	D: 33% ND: 46%	D: - ND: 56%
Q28. b) Percentage of disabled staff saying their employer has made adequate adjustment(s) to enabled them to carry out their work	74%	69%	-	75%	75%	67%	-
The staff engagement score	Disabled: 6.8 (-0.3) Non Disabled: 7.4 (no change)						

\* D = Disabled, ND = Non-Disabled