**Northumberland, Tyne and Wear NHS Foundation Trust**

**Agenda item**

**Board of Directors Meeting**

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| Meeting Date: 7th August 2019 |
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| Title and Author of Paper: EDS2 WRES & WDES Report,  Christopher Rowlands Equality & Diversity Lead |
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| Executive Lead: Lynne Shaw, Acting Executive Director Workforce and Organisational Development |
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| Paper for Debate, Decision or Information: Information/Decision |
|  |
| Key Points to Note:   * EDS – we are awaiting EDS3 – anticipated for the autumn, the Trust will conduct a benchmarking exercise as soon as the tool is available. * WDES – data collected for the first time. Biggest issue to deal with is the non-disclosure of disability. This is likely to form part of a regional action to improve the collection and recording of protected characteristic information. * WRES – data this year following WRES technical guidance does not include NTW Solutions, therefore not strictly comparable. The marginal improvements in the recording of ethnicity are likely to be at least as much as a result of this. * Staff survey metrics for both WDES and WRES indicate that we need to engage with our staff from these protected characteristics sensitively and effectively in conjunction with staff side. We need to develop clear actions to help address what each of these metrics are telling us. * Great Place to Work, the Equality and Diversity work stream of this initiative is likely to play an important part in action planning for WRES and WDES, we will be sharing our finding at the regional level to see if there are any region-wide actions that may be taken to address issues. |
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| Risks Highlighted to Board : None |
|  |
| Does this affect any Board Assurance Framework/Corporate Risks?  Please state No  If Yes please outline |
|  |
| Equal Opportunities, Legal and Other Implications: Meets EDS2, WRES and WDES requirements from NHS England. |
|  |
| Outcome Required Decision regarding proposed actions |
|  |
| Link to Policies and Strategies:  Equality Diversity and Inclusion Strategy 2018-2022 |

**Background**

The NHS Equality and Diversity Council (EDC) implemented two measures to improve equality across the NHS into the Standard Contract, from April 2015 under SC13 Equity of Access, Equality and Non-Discrimination, namely Equality Delivery System 2 (EDS2) and the Workforce Race Equality Standard (WRES).

From April this year we now have a new obligation with the introduction of the Workforce Disability Equality Standard (WDES). WDES is a set of specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. It will support positive change for existing employees, and enable a more inclusive environment for disabled people working in the NHS. Like the Workforce Race Equality Standard on which the WDES is in part modelled, it will also identify good practice and compare performance regionally and by type of trust.

**EDS2**

The Equality and Diversity Council (EDC) is currently leading on the development of EDS3 and are collating suggestions and seeking input. It is anticipated that EDS3 will replace EDS2 in the autumn of 2019, when EDS3 is released the Trust will re-examine its overall rating using the newer simplified tool. The Trust’s Equality Diversity and Inclusion Strategy 2018-2022 content was informed by our EDS2 assessments and the action plan is aligned to EDS2

Localities have recently undertaken baseline assessments using EDS2 to identify gaps in provision and will be working to address these as part of the Equality Diversity and Inclusion Quality Priority in 2019/20.

**WRES update on 2018 actions**

The majority of 2018 actions focussed upon improving recruitment. This led to a joined up piece of work between 6 NHS organisations in the region to host a BAME recruitment day in April 2019.The day helped to establish good links in the community, it offered:

* the chance to meet people from each organisation,
* an outline of NHS employee benefits,
* an introduction to job roles in the NHS,
* interview skills and application processes, and
* job matching opportunities.

We created a bespoke 8 minutes film showing the NHS as the Employer of Choice and 5 separate 2 minute snapshots for use on Twitter, Facebook and other social media. We also created bespoke publicity material aimed at attracting our BAME community, engaged effectively and we achieved a successful outcome with over 400 attendees on the day.

Perhaps of greatest value we engaged with our BAME staff to ensure they were part of the event, promotional material and sought volunteers to be available on the day. This enabled additional engagement with those attending, enabled staff to talk openly about what it’s like to work for the NHS providing credibility but we also benefited from having attendees who had additional language skills available on the day. We collated a list of people that expressed an interest in the Trust on the day with their email contact details which the Transactional HR team have followed up. We know that a number of people have expressed interest in recent central recruitment events and will continue to monitor progress of individuals using TRAC.

The other key initiative was the training of Cultural Ambassadors by the RCN. This training was delayed until July 2019, to date two people have fully completed the training and two still have elements to complete. The training was delayed because a decision was taken that again this would become a regional initiative. The recently trained ambassadors will network and share best practice across the region.

**Workforce Disability Equality Standard (WDES) Submission**

The WDES is measured over 10 metrics

1. Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (VSM) (including executive board members) compared with the percentage of staff in the overall workforce.

|  |  |  |  |
| --- | --- | --- | --- |
| Non Clinical Staff | Disabled | Non-Disabled | Unknown or Null |
| Cluster 1 (Bands 1 - 4) | 44 (6%) | 579 (75%) | 146 (19%) |
| Cluster 2 (Band 5 - 7) | 7 (3%) | 157 (68%) | 68 (29%) |
| Cluster 3 (Bands 8a - 8b) | 3 (5%) | 44 (70%) | 16 (25%) |
| Cluster 4 (Bands 8c - 9 & VSM) | 1 (12%) | 4 (50%) | 3 (38%) |
| Clinical Staff | Disabled | Non-Disabled | Unknown or Null |
| Cluster 1 (Bands 1 - 4) | 68 (4%) | 1143 (72%) | 392 (24%) |
| Cluster 2 (Band 5 - 7) | 108 (5%) | 1737 (75%) | 472 (20%) |
| Cluster 3 (Bands 8a - 8b) | 8 (3%) | 201 (76%) | 57 (21%) |
| Cluster 4 (Bands 8c - 9 & VSM) | 1 (1%) | 53 (73%) | 19 (26%) |
| Cluster 5 (Medical Staff, Consultants) | 5 (3%) | 108 (58%) | 72 (39%) |
| Cluster 6 (Medical & Dental Staff, Non-Consultants career grade) | 4 (8%) | 24 (47%) | 23 (45%) |
| Cluster 7 (Medical & Dental Staff, Medical and dental trainee grades) | 0 (0%) | 19 (70%) | 8 (30%) |

* Where we have figures the majority of disabled non-clinical staff appear to be in lower bands
* There is better distribution for clinical staff, but there is still a majority of disabled staff clustered in bands 1-7
* By far the biggest issue across clinical and non-clinical staff is the unknown status with regard to disability for1276 members of staff.
* It is recommended that we work to develop a campaign to improve the disclosure of these details.

1. Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts. This refers to both external and internal posts.

|  |  |  |
| --- | --- | --- |
|  | Disabled | Non-Disabled |
| Number of shortlisted applicants | 242 | 4092 |
| Number appointed from shortlisting | 45 | 644 |
| Relative likelihood of shortlisting/appointed | 0.19 | 0.16 |
| Relative likelihood of Disabled staff being appointed from shortlisting compared to Non-Disabled staff | 0.85 |  |

* Clearly small numbers but the relative likelihood calculation show that disabled people are more likely than non-disabled staff to be appointed from shortlisting.

1. Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

|  |  |  |
| --- | --- | --- |
|  | Disabled | Non-Disabled |
| Number of staff in workforce | 257 | 4121 |
| Number of staff entering the formal capability process | 0 | 13 |
| Likelihood of staff entering the formal capability process | 0.00 | 0.00 |
| Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff | 0.00 |  |

* No disabled members of staff entered the formal capability process In this first year of collecting WDES data, the pre-populated spreadsheet only asks for ‘capability’ data in relation to performance management. It is recommended that we model this for sickness too, so that we can ascertain any disparity.

Staff Survey related metrics

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Disabled Respondents | % Disabled | Non-Disabled Respondents | % Non-Disabled |
| % of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months | 960 | 39.8% | 2584 | 37.3% |
| % of staff experiencing harassment, bullying or abuse from managers in the last 12 months | 955 | 9.6% | 2570 | 5.6% |
| % of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months | 947 | 16.6% | 2548 | 10.6% |
| % of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months | 424 | 70.5% | 953 | 74.3% |
| % of staff believing that the Trust provides equal opportunities for career progression or promotion. | 659 | 89.1% | 1921 | 93.1% |
| % of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. | 682 | 21.8% | 1267 | 12.7% |
| % staff saying that they are satisfied with the extent to which their organisation values their work. | 957 | 43.2% | 2580 | 54.0% |
| % of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. | 618 | 83.0% |  |  |
| The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. | 964 | 6.8 | 2599 | 7.2 |

* Close to a quarter of all staff survey responses this year came from staff who self-defined as having a long term condition that could be classed as a disability under the Equality Act. Somewhere between our ESR known figure and that of our staff survey response is likely to be our true figure for the number of disabled staff employed in the Trust
* Apart from the % of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months, the results are worse for disabled staff compared to non-disabled staff.
* We need to ask the question exactly what are the reasonable adjustment requirements for all our disabled staff? Only then will we be able to establish whether only 83% of our disabled staff require reasonable adjustments, or whether we are failing to meet the needs of (according to the staff survey) up to 17% of disabled staff.
* The figure for feeling under pressure to come to work despite not feel well enough, suggests that the sickness absence policy may be having a negative impact upon disabled staff.
* It is recommended that as a starting point a focus group is set up for disabled staff in the Trust to examine and suggest actions to address the issues that the metrics from the staff survey raise.
* There is a further recommendation that we share our findings with colleagues on the Great Place to Work Equality Diversity and Inclusion work stream to establish whether we can develop regionally shared actions to address these issues.

Metric 9b asks whether the Trust has taken action to facilitate the voices of Disabled Staff in the organisation to be heard. The Trust has had a disabled staff network since October 2016. This is now developing strong leadership, is represented at the Trust Equality, Diversity and Inclusion Steering Group. The network is starting to grow in membership and is keen to work towards address WDES actions.

1. Percentage difference between the organisation’s board voting membership and its organisation’s overall workforce, disaggregated:

* By voting membership of the board
* By Executive membership of the board

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Disabled Staff | Non-Disabled Staff | Unknown or Null | Total |
| Total Board members | 3 | 6 | 4 | 13 |
| *of which: Exec Board members* | 1 | 4 | 1 | 6 |
| *: Non Executive Board members* | 2 | 2 | 3 | 7 |
| Number of staff in overall workforce | 257 | 4121 | 1295 | 5673 |
| Total Board members - % by Disability | 23% | 46% | 31% |  |
| Executive Board Member - % by Disability | 17% | 67% | 17% |  |
| Non Executive Board Member - % by Disability | 29% | 29% | 43% |  |
| Overall workforce - % by Disability | 5% | 73% | 23% |  |
| Difference (Total Board - Overall workforce ) | 19% | -26% | 8% |  |
| Difference (Voting membership - Overall Workforce) | 19% | -26% | 8% |  |
| Difference (Executive membership - Overall Workforce) | 12% | -6% | -6% |  |

* Our total board membership figure for disability is representative of the most recent census data of % of the North East population that has a long term condition.
* We need to attempt to capture the unknown information from Executive and Non-Executive directors and our overall workforce as a first action.

**Workforce Race Equality Standard (WRES) Submission**

The important issue to note for this year’s WRES submission is that NTW Solutions is no longer included – this is in line with the WRES Technical Guidance with regard to subsidiary companies. It is anticipated that NTWS will have to make a separate submission from 2020. This year we have seen an improvement in the reporting of ethnicity – it is quite likely that this we be because of a combination of factors: chiefly not including NTWS staff, but also the publicity of ESR self-service where staff have been able to amend their own personal details.

1. Number of Staff in each of the AFC Bands or Medical and VSM (including executive Board members) compared with the number of staff in the overall workforce

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Non Clinical Workforce | White 2018 | BME 2018 | Unknown 2018 | White 2019 | BME 2019 | Unknown 2019 |
| Under Band 1 | 22 | 0 | 2 | 25 | 0 | 0 |
| Band 1 | 1 | 0 | 0 | 1 | 0 | 0 |
| Band 2 | 476 | 6 | 59 | 152 | 4 | 10 |
| Band 3 | 308 | 4 | 28 | 313 | 3 | 22 |
| Band 4 | 221 | 3 | 35 | 229 | 5 | 30 |
| Band 5 | 91 | 1 | 16 | 87 | 2 | 6 |
| Band 6 | 98 | 1 | 22 | 63 | 1 | 18 |
| Band 7 | 57 | 1 | 8 | 45 | 2 | 8 |
| Band 8A | 31 | 0 | 11 | 33 | 0 | 4 |
| 8B | 22 | 0 | 4 | 23 | 0 | 3 |
| 8C | 3 | 0 | 1 | 2 | 0 | 0 |
| 8D | 1 | 0 | 1 | 0 | 0 | 0 |
| Band 9 | 1 | 0 | 0 | 1 | 0 | 1 |
| VSM | 5 | 0 | 0 | 0 | 0 | 1 |

* We have seen a reduction in unknown ethnicity of non-clinical staff – with the exception of bands 7, 9 and VSM
* We need to push to clear unknown gaps in ethnicity
* We need to establish how BAME staff can break through barriers that may exist so that there is a representation of staff at Band 8 and above.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Clinical Workforce (non medical) | White 2018 | BME 2018 | Unknown 2018 | White 2019 | BME 2019 | Unknown 2019 |
| Under Band 1 | 2 | 0 | 0 | 0 | 0 | 0 |
| Band 1 | 1 | 0 | 0 | 1 | 0 | 0 |
| Band 2 | 78 | 0 | 2 | 32 | 0 | 1 |
| Band 3 | 1589 | 106 | 137 | 1217 | 62 | 84 |
| Band 4 | 225 | 4 | 17 | 188 | 7 | 11 |
| Band 5 | 710 | 40 | 78 | 591 | 46 | 48 |
| Band 6 | 1005 | 27 | 107 | 1023 | 28 | 93 |
| Band 7 | 438 | 10 | 48 | 435 | 12 | 41 |
| Band 8A | 153 | 11 | 27 | 161 | 10 | 19 |
| 8B | 64 | 0 | 8 | 68 | 1 | 7 |
| 8C | 44 | 1 | 2 | 41 | 1 | 2 |
| 8D | 24 | 0 | 4 | 22 | 0 | 2 |
| Band 9 | 5 | 0 | 0 | 4 | 0 | 0 |
| VSM | 1 | 1 | 0 | 1 | 0 | 0 |

* A similar picture for clinical staff, a reduction in unknown ethnicity, but the need to continue to push to improve the recording of this data.
* Again we need to establish how BAME staff can break through barriers that may exist to ensure that staff are capable of applying for and securing Band 8 and above jobs.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Medical | White 2018 | BME 2018 | Unknown 2018 | White 2019 | BME 2019 | Unknown 2019 |
| Consultants | 83 | 41 | 60 | 91 | 53 | 41 |
| Of which Senior Medical Manager | 8 | 1 | 1 | 2 | 1 | 0 |
| Non-consultant career grade | 20 | 5 | 16 | 22 | 15 | 14 |
| Trainee grades | 6 | 5 | 11 | 10 | 8 | 9 |
| Other | 0 | 0 | 0 | 46 | 0 | 8 |

* It is important that we address the unknown figures for Doctors, whilst this has reduced it is still a significant number which may be masking the true representation across the medical workforce.
* A reduction in number has seen a significant narrowing of the gap at senior medical manager level
* A greater likelihood for BAME medical staff to be employed at non-consultant career grade compared to White medical staff.
* BAME consultants as a percentage of the total number of consultants (including unknown) has seen a rise of 6 percentage points in the past year.

1. Relative Likelihood of Staff being appointed from shortlisting across all posts

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | White 2018 | BME 2018 | Unknown 2018 | White 2019 | BME 2019 | Unknown 2019 |
| Number of Shortlisted applicants | 5056 | 626 | 67 | 3871 | 547 | 44 |
| Number appointed from shortlisting | 636 | 56 | 0 | 683 | 40 | 31 |
| Relative likelihood of appointment from shortlisting | 0.126 | 0.089 |  | 0.176 | 0.0731 |  |
| Relative likelihood of white staff being appointed from shortlisting compared to BME Staff | 1.41 |  |  | 2.41 |  |  |

* The statistics show the relative likelihood of white staff being appointed compared to people from a BAME background as increasing. Into this we need to factor that NTW Solutions has been removed from these figures now that the WRES Technical Guidance states not to include subsidiary company figures. It will be important to use this year as a base line and monitor going forward
* The work that we have done within the BAME community to improve access to NHS jobs, help with job matching and tips on how to complete application forms at the joint event in April 2019 it is anticipated will have a favourable effect on these figures over the coming year. We now have a database of people within the BAME local communities that are interested in applying for jobs in NTW that we are in communication with.

1. Relative likelihood of staff entering the formal disciplinary process as measured by entry into the formal disciplinary process.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | White 2018 | BME 2018 | Unknown 2018 | White 2019 | BME 2019 | Unknown 2019 |
| Number of staff in workforce | 5785 | 267 | 704 | 4927 | 260 | 483 |
| Number of staff entering the formal disciplinary process | 158 | 12 | 16 | 252 | 15 | 22 |
| Likelihood of staff entering the formal disciplinary process | 0.027 | 0.045 | 0.023 | 0.051 | 0.057 | 0.045 |
| Relative likelihood of BME staff entering the process compared to white staff |  | 1.65 |  |  | 1.13 |  |

* The numbers are small so it would be difficult to make too much of these statistics but as the figures stand we are showing an improvement over the relative likelihood of BAME staff entering the disciplinary process compared to white staff. A positive change especially when compared to 2017 when BAME were over 2 times more likely to enter into the process.
* The training of BAME staff to be cultural ambassadors and the launch of this initiative in the coming months should hopefully lead to further improvements in these figures over the coming year.

1. Relative Likelihood of staff accessing non-mandatory training and CPD

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | White 2018 | BME 2018 | Unknown 2018 | White 2019 | BME 2019 | Unknown 2019 |
| Number of staff in workforce | 5785 | 267 | 704 | 4927 | 260 | 483 |
| Number of staff accessing non mandatory training | 46 | 1 | 2 | 46 | 1 | 2 |
| Likelihood of staff accessing training | 0.007 | 0.003 | 0.002 | 0.009 | 0.003 | 0.004 |
| Relative likelihood of white staff accessing training compared to BME staff | 2.12 |  |  | 2.43 |  |  |

* The training figures need to be viewed with suspicion, since they are exactly the same as 2018. As an action this year we must devise a method that efficiently (currently it is a manual check) and accurately captures this information.

(5-8) Staff Survey Metrics

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | White 2018 | BME 2018 | White 2019 | BME 2019 |
| % staff experiencing harassment bullying or abuse from patients relatives or the public in last 12 months | 34.1% | 44.1% | 37.7% | 43.6% |
| % of staff experiencing harassment bullying or abuse from staff in the last 12 months | 15.8% | 24.8% | 15.5% | 22.6% |
| % of staff believing that Trust provides equal opportunities for career development | 92.1% | 80.8% | 92.5% | 84.1% |
| % staff personally experienced discrimination at work from Manager/team leader or other colleague | 4.6% | 8.3% | 4.8% | 12.1% |

* The gap has narrowed for the first, second and third of these metrics. It has widened for BAME staff personally experiencing discrimination at work from their manager, team leader or other colleague.
* It is proposed that we work with Staff-Side and our BAME Staff Network to examine these figures in detail and develop a clear action plan to address these differences.
* We should also share this information as part of the Great Place to Work initiative to see if we can develop a regional approach to WRES actions that might be more effective in addressing cultural issues.

(9) Percentage difference between the Board voting membership and the overall workforce.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | White 2018 | BME 2018 | Unknown 2018 | White 2019 | BME 2019 | Unknown 2019 |
| Total Board Members | 11 | 1 | 1 | 11 | 1 | 1 |
| Number of Execs | 5 | 1 | 0 | 5 | 1 | 0 |
| Number of NEDS | 6 | 0 | 1 | 6 | 0 | 1 |
| Number of staff in overall workforce | 5785 | 267 | 704 | 4927 | 260 | 483 |
| Total Board % by ethnicity | 84.6% | 7.7% | 7.7% | 84.6% | 7.7% | 7.7% |
| Overall Workforce | 85.6% | 4.0% | 10.4% | 86.9% | 4.6% | 8.5% |
| Difference Total Board Overall Workforce | -1.0% | 3.7% | -2.7% | -2.3% | 3.1% | -0.8% |

* Trust Board figures have remained stable, as part of the exercise in improving data it is recommended that whilst we are updating records regarding disability status we attempt to amend the last unknown for the Board (However may this be how we are accounting for a vacant NED post?)
* The gap between BME representation at Board level and that of the overall Trust is narrowing.

**Recommendations**

* Upon the release of EDS3 the Trust should re-examine its overall rating using the newer simplified tool.
* Localities to continue using EDS to identify gaps in provision as part of the Equality Diversity and Inclusion Quality Priority in 2019/20.
* That we work to develop a campaign to improve the disclosure of Disability and Ethnicity regionally as part of the Great Place to Work initiative.
* We model the WDES capability metric for sickness too, so that we can ascertain any disparity.
* With regard to the WDES Staff Survey metrics as a starting point a focus group is set up for disabled staff in the Trust to examine and suggest actions to address the issues that the metrics from the staff survey raise.
* We share our WDES findings with colleagues on the Great Place to Work Equality Diversity and Inclusion work stream to establish whether we can develop regionally shared actions to address these issues.
* Examine the reasons for any barriers to promotion to Band 8 and above form BAME staff and develop a plan to improve this situation.
* Improve recruitment chances by building upon the joint recruitment work across the region.
* Devise a method that efficiently (currently it is a manual check) and accurately captures non-mandatory training information.
* We work with Staff-Side and our BAME Staff Network to examine staff survey WRES metrics in detail and develop a clear action plan to address these differences.
* We should share WRES information as part of the Great Place to Work initiative to see if we can develop a regional approach to WRES actions that might be more effective in addressing cultural issues.

Christopher Rowlands

Equality and Diversity Lead

July 2019