

**Report to the Board of Directors
1 September 2021**

Title of report	Workforce Race Equality Standard and Workforce Disability Equality Standard (includes disparity ratios)
Report author(s)	Christopher Rowlands, Equality and Diversity Lead
Executive Lead (if different from above)	Lynne Shaw, Executive Director of Workforce and OD

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing		Work together to promote prevention, early intervention and resilience	
To achieve “no health without mental health” and “joined up” services		Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	x

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	23.8.21
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)			
Equality, diversity and or disability	X	Reputational	
Workforce	X	Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness		Service user, carer and stakeholder involvement	

Board Assurance Framework/Corporate Risk Register risks this paper relates to

Workforce Race Equality Standard and Workforce Disability Equality Standard
Trust Board of Directors
1 September 2021

1. Executive Summary

The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) support positive change for existing employees and enable a more inclusive environment for BAME and Disabled people working in the NHS. We are required to report our performance on these standards annually and to draw up plans to address disparities.

Further WRES and WDES data is shown in Appendices 1 and 2 respectively following the [link](#).

2. Risks and mitigations associated with the report

There are specific risks of Race Discrimination and Disability Discrimination under the Equality Act if policies and practices are not in line with legislation. There are reputational risks to the Trust if legislation and best practice is not followed which may have a detrimental effect on attraction and retention of staff.

3. Recommendation/summary

The Board of Directors is asked to note the content of the report and approve the recommendations within each section. This is in addition to the completion of the agreed Equality, Diversity and Inclusion Action Plan for 2021/22 which includes specific actions covering three priority areas: Inclusive recruitment, tackling discrimination and Improving Disciplinary practices.

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Equality, Diversity and Inclusion Lead

Lynne Shaw
Executive Director Workforce and
Organisational Development

August 2021

Workforce Race Equality Standard (WRES)

The figures contained within this document are a snapshot as of 31 March 2021 and as such reflect the significant amount of work that has been undertaken over the past year to reduce the unknown ethnicity figures for our staff. It should be noted that this report does not include NTW Solutions. Please see Appendix 1 for WRES data tables.

(1) Percentage of staff in each of the Agenda for Change Bands 1-9 and Very Senior Managers (including executive Board members) compared with the percentage of staff in the overall workforce. Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff. (2020 figures in brackets)

At the audit date there were 440 (315) BAME staff employed by the Trust. These staff made up 6.25% (5%) of our overall workforce. If we exclude medical staff the figure is 4.6% (3.5%). The latest available Office for National Statistics population figures across the region put the BAME population at 6.4%. Whilst this suggests that broadly our workforce is representative of the population, it points to a workforce that is not evenly distributed across medical, clinical and non-clinical roles and from analysis of the Race Disparity Ratios (RDR), there are disparities between White and BAME staff across Agenda for Change bands.

Race Disparity Ratios (RDR) have been introduced by the national Workforce Race Equality Standard (WRES) team to indicate the differences in progression between white people and those from an ethnic minority background through Agenda for Change bands of each NHS organisation.

The Race Disparity Ratio is presented at three tiers –

- Bands 5 and below ('lower')
- Bands 6 and 7 ('middle')
- Bands 8a and above ('upper')

The RDR for all staff has been calculated using March 2021 ESR data. The RDR for all staff in CNTW are

Disparity ratio - lower to middle	1.64
Disparity ratio - middle to upper	0.91
Disparity ratio - lower to upper	1.49

and for nursing staff

Disparity ratio - lower to middle	3.29
Disparity ratio - middle to upper	2.28
Disparity ratio - lower to upper	7.50

These disparity ratios are to be interpreted as follows:

A figure close to 1 indicates less disparity between White and BAME employees. NHS England state that RDR is to be used as a guide to progress being made to

address the Trust's WRES Aspirational Goals. It is calculated if Trusts get RDR measures of 1.5 they will be on course to meet their Aspirational Goals targets set for 2028. Our overall figures indicate that we will meet the targets set by NHS England for 2028, but for nursing staff it suggests that we have work to do to address recruitment and progression. White nursing staff are 3.29 times more likely to progress from low to middle bands compared to BAME nursing staff. For progression from middle to higher White nursing staff are 2.28 times more likely to progress. White nursing staff entering the Trust at the lower bands are 7.5 times more likely than BAME nursing staff to progress to bands 8a or above.

Aspirational (model employer) targets

These were set for each Trust in late 2019 by NHS England in respect of Agenda for Change bands. Our targets are listed below.

	Proportion of BME workforce (n)	Additional BME recruitment over the next 10 years to reach equity ¹	Total BME staff in AfC band by 2028 to reach equity ¹
Band 8a	5.6% (11)	0	9
Band 8b	0.0% (0)	4	4
Band 8c	2.1% (1)	1	2
Band 8d	0.0% (0)	1	1
Band 9	0.0% (0)	0	0
VSM	14.3% (1)	0	0

Our current totals across these bands are

Band 8a	11
Band 8b	5
Band 8c	1
Band 8d	1
Band 9	0
VSM	0

According to these data we are achieving beyond the target for Bands 8a/8b and the only band where we are below our target is 8c.

Recommendations

It is recommended that the following actions are taken:

- Our current review of recruitment procedures uses the Race Disparity Ratio information to help target actions.
- We ensure that the recruitment review recommendations include a suite of actions to take positive action in line with the Equality Act to attract BAME applicants and that we adopt those measures for progression in the Trust.
- Diverse shortlisting and interviewing panels with justification set out by panels where BAME staff are not appointed.

(2) Relative likelihood of staff being appointed from shortlisting across all posts (2020 figures in brackets)

- 2302 (1072) BAME applicants were shortlisted. Of those shortlisted 67 (70) were appointed.
- 8222 (5354) White applicants were shortlisted. Of those shortlisted 844 (1018) were appointed.
- White job applicants are 3.5 (2.9) times more likely to be appointed from shortlisting compared to BAME applicants.

Recommendations

It is recommended the following actions are taken:

- Implement recommendations of the review of our recruitment practices in line with NHS People Plan to ensure that staffing reflects the diversity of the community and regional and national labour markets.
- Positive action to encourage applications and coaching of existing BAME staff looking to progress in their careers.

(3) Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

In 2020, a BAME member of staff was 2.5 times more likely to enter the formal disciplinary process compared to a White member of staff. The figure for 2021 is 1.5. There are two likely factors for this improvement. The first is the introduction in March 2020 of an amended triage process of all fact find investigations. Two Executive Directors triage each case and challenge the recommendations from the locality/group in terms of progressing the case. This has seen an overall improvement on all cases over the past year with a reduction to 27% of cases going formal.

In addition, the Cultural Ambassador role was introduced in Spring 2020 and the introduction of this role is likely to have had a positive impact on the above figures.

Recommendations

It is recommended that the following actions are taken:

- In addition to the 9 staff who are already trained as Cultural Ambassadors, a further cohort to be trained this year - including medical staff.
- Further communication and awareness raising of the Cultural Ambassador role across the Trust.

(4) Relative likelihood of staff accessing non-mandatory training and CPD

The data for this period shows that only two members of White staff have accessed non-mandatory training. It has therefore not been possible to calculate the figure for this year. The 2020 return showed that BAME staff were 1.5 times more likely than White staff to access non-mandatory training.

Recommendation

It is recommended that the following action is taken:

- Consideration to be given to how we use non-mandatory training and CPD to improve career progression and promotion for BAME staff.

(5) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

This is the first of the metrics with the Equality Standard that takes data from the NHS Staff Survey. We therefore need to be aware that these figures were compiled from the survey that took place in Autumn 2020.

- 35.3% of BAME staff said that they had experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months. This compares to 39.2% in 2019.
- 30.4% of White staff said that they had experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months. This compares to 34.2% in 2019.

It is pleasing to see that figures have reduced between the 2019 and 2020 surveys. However, the gap between White and BAME staff experience remains and needs to be addressed.

Recommendations

It is recommended that the following actions are taken:

- That we develop a strand of the Respect Campaign to address bullying, harassment or abuse from patients, relatives or the public.
- Promote allyship from White staff to provide appropriate challenge to patients, relatives or the public, when a BAME member of staff is subject to these behaviours.

(6) Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

There has been a slight widening of the gap between White and BAME Staff.

- 15.9% of White staff stated that they had experienced harassment, bullying or abuse in the last 12 months. This compares to 16.2% in 2019.
- 25.0% of BAME staff stated that they had experienced harassment, bullying or abuse in the last 12 months. This compares to 24% in 2019.

Recommendations

It is recommended that the following actions are taken:

- That we continue with the activities under the Respect campaign and monitor efficacy through the Staff Survey, feedback from the Staff Network and other local consultation forums.
- That we work with Professor Kline to identify evidence-based interventions that we can implement to address disparities.

(7) Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

Results for both White and BAME staff reduced between 2019 and 2020. The gap between White and BAME staff has stayed broadly the same.

- 89.9% of White staff believed that the organisation provides equal opportunities for career progression or promotion, compared to 90.6% in 2019.
- 83.2% of BAME staff believed that the organisation provides equal opportunities for career progression or promotion, compared to 83.5% in 2019.

Recommendations

It is recommended that the following actions are taken:

- That the issue of career progression is addressed as part of the measures of the recruitment work that is taking place and due to report out at the end of 2021. This work will need to address the disparity ratios discussed earlier in this paper.
- That there are specific positive action initiatives to ensure that BAME staff have the skills, experience and confidence to apply for senior positions when they arise.

(8) Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months

Both groups experienced an increase between 2019 and 2020. The gap has widened for BAME Staff.

- 5.0% of White staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months, compared to 4.8% in 2019.
- 13.1% of BAME staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months, compared to 8.9% in 2019.

Recommendations

It is recommended that the following actions are taken:

- That we continue with the activities under the Respect Campaign and monitor efficacy through the Staff Survey, feedback from the Staff Network and other local consultation forums.
- That we work with Professor Kline to identify evidence-based interventions that we can implement to address disparities.

(9) Percentage difference between the organisations' Board voting membership and its overall workforce. Note: Only voting members of the Board should be included when considering this indicator. For this indicator, compare the difference for White and BAME staff

The Board is more representative of the population than the overall workforce. BAME representation is at 7.1%, compared to the overall figure of 6.2% for the Trust. In the 2020 National WRES Report, the proportion of BAME Board members across the North East averaged 6.0%.

Recommendation

It is recommended that the following action is taken:

- Where appropriate, the recruitment practices that will be introduced as part of the ongoing review will apply to Board-level recruitment too.

Workforce Disability Equality Standard (WDES)

Please see Appendix 2 for WDES data tables.

(1) Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce (2020 figures in brackets)

According to the information held in ESR, there are 386 (341) Disabled staff employed by the Trust, they make up 5.5% (5%) of the Trust workforce. This figure is considerably lower than the figure identified through the NHS Staff Survey, where regularly up to 20% of our workforce state that they live with a long-term condition. The most recent figures for the disabled population of the North East states that 22% of the population meets the criteria for disability as defined by the Equality Act.

- Disabled staff make up 6.5% (5.9%) of our non-clinical workforce.
- 88% (80%) of Disabled staff in non-clinical roles, are in roles that are Band 5 or below. This compares with 83% (81%) for non-disabled staff.
- Disabled staff make up 5.3% (4.9%) of our clinical workforce.
- 52% (55%) of Disabled staff in clinical roles, are in roles that are Band 5 or below. This compares with 49% (51%) of the non-disabled workforce in clinical roles.
- 5.4% (4%) of Disabled staff in clinical roles are employed in Bands 8a-d. This compares with 8% - same as 2020, of non-disabled staff.
- Disabled staff are 4.5% (3.5%) of the medical workforce.
- 61.5% (55%) of Disabled Doctors are at Consultant grade. This compares with 65.7% (60%) for non-disabled Doctors at Consultant grade.

Recommendations

It is recommended that the following actions are taken:

- We continue with the current data cleansing exercise by writing to all staff whose disability status is unknown and update the information in the system. We will run this report again later in the autumn. Improvements in this data are an important baseline for the recruitment measures that we will be implementing.
- That we apply the Race Disparity Ratio methodology to our disability figures once our data has been updated.

(2) Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

- 13 Disabled applicants were shortlisted. Of those 11 (85%) were appointed.
- 253 non-disabled applicants were shortlisted. Of those 84 (33%) were appointed.
- The recruitment of non-disabled staff to Disabled staff when expressed as a ratio is 0.39:1 This shows that the likelihood of appointment for disabled people to be appointed from shortlist is greater than for non-disabled applicants.

It should be noted that the result for last year showed parity for disabled and non-disabled recruitment.

Recommendation

It is recommended that the following action is taken:

- Ensure that the changes to recruitment practices are in line with best practice for disability.

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

The calculation is based on a two-year rolling average. The relative likelihood has been calculated as 3.72, meaning that disabled members of staff are 3.72 times more likely to enter into a formal capability process compared to non-disabled members of staff.

Recommendations

It is recommended that the following actions are taken:

- A deep dive of all of these cases takes place to establish the reasons and whether anything by way of reasonable adjustment would have averted them and act where findings suggest they are required.
- Continue to publicise the Disability passport introduced for staff in December 2020.
- A coordinated approach to the delivery of reasonable adjustments to be introduced before the end of this financial year.

The following metrics take data from the NHS Staff Survey. We therefore need to be aware that these figures were compiled from the survey that took place in Autumn 2020.

(4ai) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

- 35.0% of disabled staff in the 2020 survey experienced harassment, bullying or abuse from patients, relatives or the public, compared to 39.7% in 2019.
- 28.8% of non-disabled staff in the 2020 survey experienced harassment, bullying or abuse from patients, relatives or the public, compared to 32.3% in 2019.

We have seen improvements for both disabled and non-disabled staff, but the gap remains to be closed for disabled staff.

Recommendations

It is recommended that the following actions are taken:

- That we develop a strand of the Respect Campaign to address bullying, harassment or abuse from patients, relatives or the public.
- Promote allyship from non-disabled staff to provide appropriate challenge to patients, relatives or the public, when a Disabled member of staff is subject to these behaviours.

(4aii) Percentage of staff experiencing harassment, bullying or abuse from their manager in last 12 months

- 13.2% of Disabled staff experienced harassment, bullying or abuse from their manager in the 2020 survey, compared to 11.8% in 2019.
- 5.8% of non-disabled staff experienced harassment, bullying or abuse from their manager in the 2020 survey, compared to 5.5% in 2019.

(4a) Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months

- 17.2% of Disabled staff experienced harassment, bullying or abuse from other colleagues in the 2020 survey, compared to 18.2% in 2019.
- 9.5% of non-disabled staff experienced harassment, bullying or abuse from other colleagues in the 2020 survey, compared to 9.7% in 2019.

(4b) Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

- 66.2% of Disabled staff said in the 2020 survey that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it, compared with 65.5% in 2019.
- 73% of non-disabled staff said in the 2020 survey that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it, compared with 74.3% in 2019.

Recommendations

It is recommended that the following actions are taken:

- That we continue with the activities under the Respect Campaign and monitor efficacy through the Staff Survey, feedback from the Staff Network and other local consultation forums.
- That we work with our staff network and disability-led organisations to identify evidence-based interventions that we can implement to address staff survey disparities.

(5) Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion

- 85.2% of Disabled staff in the 2020 survey believe that the Trust provides equal opportunities for career progression or promotion, compared to 85.9% in 2019.
- 91.3% of non-disabled staff in the 2020 survey believe that the Trust provides equal opportunities for career progression or promotion, compared to 91.6% in 2019.

Recommendations

It is recommended that the following actions are taken:

- That career progression is addressed as part of the measures of the recruitment work that is taking place and due to report out at the end of 2021.

- That there are specific positive action initiatives to ensure that disabled staff have the skills, experience and confidence to apply for senior positions when they arise.

(6) Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

- 19.4% of Disabled staff in the 2020 survey felt pressure from their manager to come to work, compared with 23% in 2019.
- 13.2% of non-disabled staff in the 2020 survey felt pressure from their manager to come to work, compared with 12.5% in 2019.

There has been an improvement in this metric. Earlier this year the sickness policy which was revised in consultation with the Disabled Staff Network was introduced. The measures contained in the policy are designed to address the issue of pressure that staff may have felt under.

Recommendation

It is recommended that the following actions are taken:

- We review this metric upon receipt of the 2021 Staff Survey results to assess the impact of the revised policy.
- That we look to best practice from Disability Confident Leaders to see if there are further measures that we can consider implementing.

(7) Percentage of staff satisfied with the extent to which their organisation values their work

- 46.1% of Disabled staff in the 2020 survey were satisfied with the extent to which the Trust values their work, compared with 43.4% in 2019.
- 57.4% of non-disabled staff in the 2020 survey were satisfied with the extent to which the Trust values their work, compared with 55.4% in 2019.

Recommendation

It is recommended that the following action is taken:

- Focus groups are held with Disabled staff to discuss disparities in experiences that are highlighted from Staff Survey results.

(8) Percentage of staff with a long-lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work

- 84.3% of disabled staff stated that there had been adequate adjustments for them, compared to 83.1% in 2019.

It is anticipated that this will improve following the introduction of the centralised provision of reasonable adjustments.

(9) Staff engagement score

- There has been a 0.4 gap in this score for the past two years. In 2020 non-disabled staff scored 7.4, compared to 7.0 for Disabled staff. In 2019 the respective figures were 7.2 and 6.8.

Overall engagement has improved but there is a gap in experience.

Recommendation

It is recommended that the following action is taken:

- Focus groups are held with Disabled staff to discuss disparities in experiences that are highlighted from Staff Survey results.

(10) 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**

- 23% of the Board state that they have a disability or long-term condition. This compares to 5.5% in our overall workforce
- 20% of the Executive membership are disabled.

Recommendation

It is recommended that the following action is taken:

- That recommendations for recruitment relating to Disability are, where appropriate, applied to Board membership.