

Involvement Committee

Report title:	Equality, Diversity and Inclusion Report
Agenda item:	
Date of the meeting:	17 October 2022
Sponsor/executive lead:	Jeremy Over, executive director of workforce and communications
Report prepared by:	Catriona Cole, wellbeing and inclusion manager

Purpose of the report: Update on Workforce Disability Quality Standard (WDES) and Workforce Race Equality Standard (WRES) data, inclusion action plan and upcoming priorities			
For approval <input type="checkbox"/>	For assurance <input checked="" type="checkbox"/>	For discussion <input checked="" type="checkbox"/>	For information <input type="checkbox"/>
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Executive summary:	This report updates the Involvement Committee on this year's WDES and WRES data and on progress made on the previous inclusion action plan. It shares the current inclusion work plan and aims to prompt discussion regarding personal and group commitment and action to developing an inclusive culture at West Suffolk Foundation Trust (WSFT).
Action required/recommendation:	<p>The Involvement Committee are asked to:</p> <ul style="list-style-type: none"> • Note and discuss the WDES and WRES metrics for 2022, changes from 2021, and the engagement and experience of WSFT colleagues with disabilities, health conditions or neurodifferences, and of colleagues from a Black, Asian or other ethnic minority background. Recognise that other groups, including many LGBT+ colleagues, may also be having a less positive work experience. • Agree the inclusion work plan and this report for publication on the WSFT public website, as per WDES and WRES mandatory requirements • Align this work with other Trust priorities to ensure everything we do contributes to a fairer and more inclusive place to work for all colleagues • Ensure their personal information, including ethnicity and disability status, is updated on ESR • Consider personal actions and commitment to progress inclusion at WSFT

Previously considered by:	N/A
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Risk and assurance:	Actions in this report aim to minimise the risk of discrimination and inequality for staff at WSFT
Equality, diversity and inclusion:	EDI is the focus of this report
Sustainability:	Contributes to a sustainable workforce
Legal and regulatory context:	Equality Act 2010 and Public Sector Equality Duty NHS Standard Contract and CQC 'Well Led' NHS Workforce Race Equality Standard NHS Workforce Disability Equality Standard

Equality, Diversity and Inclusion Report

1. Introduction

- 1.1 This report follows the Equality, Diversity and Inclusion mid-year update shared in April 2022. It is intended to update the Involvement Committee on progress made against the previous inclusion action plan (Appendix A), share the current work plan (Appendix B), share WDES and WRES data for this year and prompt discussion regarding personal and group commitment and action to developing an inclusive culture.
- 1.2 This report includes the latest Workforce Race and Disability Equality Standards data with accompanying narrative.

2. Background

- 2.1 The Workforce Disability Equality Standard (WDES) allows us to compare the experience of disabled and non-disabled staff across a number of measures, and to identify where we need to take action to ensure an equitable employment experience.
- 2.2 Many people who are 'disabled' under the Equality Act do not consider themselves to be disabled or may use other language to describe themselves. This report refers to 'disabled staff' or 'staff with disabilities, health conditions or neurodifferences' as shorthand, while recognising that this may not be how people talk about themselves.
- 2.3 Similarly, the Workforce Race Equality Standard (WRES) enables us to compare the experiences of Black, Asian and other ethnic minority staff and White staff across a number of measures and take action accordingly.
- 2.4 People who are not of White ethnic origin are not a homogenous group and may use a variety of terms to describe themselves. This report refers to 'Black, Asian and other ethnic minority staff' or 'BAME staff' as shorthand, again recognising that language in this area is complex and imperfect.

3. Workforce Disability Equality Standard metrics 2022

- 3.1 There are ten metrics within the WDES that highlight and examine the differences in experiences between disabled and non-disabled staff. This data was submitted to NHS England in August 2022.
- 3.2 In summary, there has been an improvement in performance against three of the ten metrics since 2021 (metrics 1, 2, 6) and a worsening in six metrics (metrics 3, 4b, 5, 7, 8, 9a), with no movement on metric 10.
- 3.3 Metric 4a has seen the percentages of disabled staff experiencing harassment, bullying or abuse reducing, and a decrease in the gap in experience between disabled and non-disabled staff regarding managers, but an increase in the gap in experience in relation to patients/service users and other colleagues.
- 3.4 Metric 9b asks about action taken to ensure the voices of disabled staff are heard and acted upon in the organisation. The Disability Staff Network is in its early stages and many of its members are keen to progress work on reasonable/workplace adjustments. Colleagues who are autistic are being trained as Wellbeing Champions with the aim of supporting others who may share similar experiences. The voices of disabled staff will also be captured through the upcoming 'What Matters To You' 2022 programme.
- 3.5 Further detail with graphic representation of this year's metrics and comparison to previous years is available in Appendix C.

		2019	2020	2021	2022
Metric 1: % of disabled staff compared with the overall workforce		3.0%	3.4%	3.6%	3.8%
Metric 2: relative likelihood of non-disabled staff compared with disabled staff being appointed from shortlisting		1.03	1.46	1.40	0.63
Metric 3: relative likelihood of disabled staff compared with non-disabled staff entering the formal capability process ¹		0.0	0.32	0.0	14.4 ¹
Metric 4a: % of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from	Disabled staff	23.9%	30.7%	30.7%	28.4%
	Non-disabled staff	26.7%	24.4%	25.4%	22.8%
i) patients/service users	Disabled staff	14.8%	16.8%	17.9%	15.6%
	Non-disabled staff	10.4%	9.0%	10.1%	8.3%
ii) managers	Disabled staff	20.4%	23.5%	26.9%	24.3%
	Non-disabled staff	18.4%	15.8%	19.1%	16.2%
Metric 4b: % of disabled staff compared to non-disabled staff saying they or a colleague reported it	Disabled staff	28.2%	44.0%	56.4%	45.6%
	Non-disabled staff	42.4%	45.5%	43.3%	42.8%
Metric 5: % of disabled staff compared to non-disabled staff believing the Trust provides equal opportunities for career progression or promotion	Disabled staff	56.4%	61.1%	57.6%	51.8%
	Non-disabled staff	64.1%	64.7%	59.2%	60.0%
Metric 6: % of disabled staff compared to non-disabled staff saying they have felt pressure from their manager to come to work despite not feeling well enough	Disabled staff	21.7%	25.1%	26.3%	26.0%
	Non-disabled staff	18.0%	17.7%	18.8%	19.9%
Metric 7: % of disabled staff compared to non-disabled staff saying they are satisfied with the extent to which the organisation values their work	Disabled staff	45.9%	51.8%	44.7%	34.7%
	Non-disabled staff	55.8%	59.7%	52.4%	47.1%

¹While the figures suggest that disabled staff are much more likely to enter the formal capability process than non-disabled staff, this is based on just **two** cases overall (one involving a disabled member of staff and one involving a non-disabled member of staff). We can therefore not draw any statistical significance from this metric.

		2019	2020	2021	2022
Metric 8: % of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work	Disabled staff	82.7%	82.1%	80.6%	71.8%
Metric 9a: staff engagement score for disabled staff compared to non-disabled staff	Disabled staff	7.1	7.2	7.1	6.7
	Non-disabled staff	7.5	7.6	7.3	7.1
Metric 10: % difference between the organisation's Board membership and its overall workforce	No Board members have recorded a disability, meaning % difference is -3.8%				

4. Workforce Race Equality Standard indicators 2022

- 4.1 There are nine indicators within the WRES that highlight and examine the differences in experiences between White staff and Black, Asian or other ethnic minority staff. This data was submitted to NHS England in August 2022.
- 4.2 In summary, there has been an improvement in performance against two indicators since 2021 (indicators 4 and 9) and a worsening in five indicators (indicators 2, 3, 5, 7, 8).
- 4.3 Indicator 1 shows a mixed picture, with a decrease in representation of BAME staff at band 8c and no movement in more senior paybands, but with an increase at band 8b.
- 4.4 Metric 6 has seen a decrease in the percentage of staff experiencing harassment, bullying or abuse from staff for BAME staff; however, the gap between the experience of White staff and BAME staff has continued to increase.
- 4.5 Further detail with graphic representation of this year's indicators and comparison to previous years is available in Appendix C.

		2019	2020	2021	2022
Indicator 1: % of BAME staff compared with the overall workforce		10.9%	12.8%	14.4%	15.4%
Indicator 2: relative likelihood of White staff compared to BAME staff being appointed from shortlisting		1.43	0.90	1.30	1.67
Indicator 3: relative likelihood of BAME staff compared to White staff entering the formal disciplinary process		0.62	0.15	0.88	2.55 ²
Indicator 4: relative likelihood of White staff compared to BAME staff accessing non-mandatory training and CPD		0.57	0.91	0.69	1.00
Indicator 5: % of staff experiencing harassment, bullying or abuse from patients, relatives or the public	White staff	26.7%	25.1%	25.2%	22.9%
	BAME staff	20.5%	27.9%	29.6%	30.8%

² While the figures suggest that BAME staff are much more likely to enter the formal disciplinary process than White staff, this is based on just **three** cases overall (two involving White staff, one involving an ethnic minority member of staff). We can therefore not draw any statistical significance from this indicator.

		2019	2020	2021	2022
Indicator 6: % of staff experiencing harassment, bullying or abuse from staff	White staff	22.9%	21.5%	24.4%	21.9%
	BAME staff	34.1%	21.9%	28.2%	26.3%
Indicator 7: % of staff believing that the Trust provides equal opportunities for career progression or promotion	White staff	64.4%	64.3%	59.5%	60.0%
	BAME staff	48.9%	64.1%	53.7%	44.9%
Indicator 8: % of staff stating that they have personally experienced discrimination at work from a manager, team leader or other colleagues	White staff	6.6%	5.7%	5.9%	5.7%
	BAME staff	11.4%	11.9%	13.1%	14.6%
Indicator 9: % difference between the organisation's Board voting membership and its overall workforce	White staff	+16.6%	+11.0%	+12.3%	+12.4%
	BAME staff	-10.9%	-12.8%	-12.9%	-6.3%

5. Inclusion action plan progress

5.1 Improve the experience and care of people who are lesbian, gay, bisexual, trans and all other sexualities and gender identities

The current focus of the Patient Experience and Engagement Team's community engagement work is on groups who may be more likely to experience health inequalities. The team are in the process of creating targeted surveys with regards to accessibility of services and support given, with a current focus on the LGBTQ+ and learning disability communities.

5.2 Inclusive recruitment: recruitment and selection training to be reviewed alongside 'No More Tick Boxes' report.

This action is ongoing and will be picked up by the Wellbeing and Inclusion Manager and Head of Resourcing, both new into post, over the next few months. Initial conversations have taken place to consider improving the diversity of interview panels for both medical and non-medical recruitment, with initial scoping of current processes required as an initial stage.

5.3 Develop and nurture the staff networks to provide support to staff and guidance to the Trust; review the governance arrangements of Trust staff networks with members to ensure they are able to contribute to and inform decision-making processes in the Trust.

This action is ongoing. A proposed governance framework has been drafted to clearly set out the role and purpose of the staff networks within the organisation and the support they can expect from the Trust to enable them to function effectively and successfully.

This has been shared with the former chairs of each of the three networks, who are supportive, and with the executive team.

5.4 Provide access to resources, training and awareness raising for managers and staff to support mental health wellbeing.

This action is partially complete. The Staff Support Psychology service is now funded substantively and the team have provided a number of training sessions on mental health and wellbeing with additional sessions planned. Other resources are available on the intranet and regularly promoted through communication channels. Work is ongoing to ensure resources are collated and coordinated effectively, and to identify gaps in training provision which will be addressed through the planned online Learning Hub.

- 5.5 Ensure every level of the workforce leadership is representative of the overall BAME workforce.**
A full portfolio of leadership development activity for staff at all levels is planned, alongside wider learning and development provision. Positive action will be taken as part of recruitment onto leadership programmes to ensure representation. Reverse mentoring for senior leaders is also being considered as part of wider coaching, mentoring and talent management strategies, with this activity particularly focusing on the improving BAME representation at more senior leadership levels. Further work is also required to fully consider the Model Employer goals and identify action to achieve them.
- 5.6 Identify opportunities to increase diversity of executive and non-executive Trust Board membership.**
The recent recruitment to five non-executive roles has had a positive impact on diversity amongst this leadership group. However, this is an area of focus that will be kept under review.
- 5.7 Cultural awareness: encourage staff to broaden their understanding of the lived experiences of others and celebrate all cultures represented at WSFT, including those recruited overseas.**
Inclusive culture sessions are delivered as part of preceptorship, including overseas preceptorship, and the AHP Aspiring Leaders programme. Further work is required to develop cultural awareness and intelligence so that colleagues feel confident working with people who are different to them.

Inclusive leadership will be a core aspect of the emergent learning and development portfolio, being designed, developed and delivered in a range of innovative ways.
- 5.8 Raise the profile of the challenges faced at work by those with a disability and how reasonable adjustments ensure colleagues are able to fulfil their potential, targeting both new starters within the recruitment process and existing colleagues.**
A working group looking at workplace adjustments reconvened in September and discussed what has worked well and what not so well when trying to obtain workplace adjustments, whether for themselves, someone in their team or someone they were supporting. The group also shared some of the adjustments they currently have and how they enable them to perform in their role.

There is a clear need to develop a better understanding of what is 'reasonable' and support individuals and their managers to know how to source the adjustments that they need. Further work will be carried out to develop appropriate policy and guidance and to develop a health passport.

The Patient Experience and Engagement Team are creating targeted surveys to better understand the experience of patients with learning disabilities – see section 5.1 for more details.
- 5.9 Disability awareness: recruit, train and support a wide cohort of Freedom to Speak Up Champions who can offer advice and support from their own lived experience and knowledge.**
A range of Champions have been recruited and are active within WSFT. The Freedom to Speak Up Guardian and Wellbeing and Inclusion Manager are working together to develop the knowledge and skill set of the Champions in relation to equality, diversity and inclusion and the lived experience of disabled colleagues.
- 6. Additional updates following previous paper**
6.1 Neurodiversity continues to be a theme, particularly raised in the workplace adjustments working group. A number of free webinars provided by neurodiversity specialists Lexxic have been shared, and some internal training has been developed by two separate members of the group. Further work is required to ensure there is sufficient training for managers and colleagues which will be addressed through the planned Learning Hub.

6.2 Patient experience and engagement: The Patient Experience and Engagement Team have recently produced a patient and public involvement policy; this guides colleagues on the key principles of patient and public engagement, the importance of patient involvement from the outset of any project, and explains the various ways in which this can be achieved. The team are also available to provide training and bespoke advice to colleagues.

7. Upcoming priorities / next steps

7.1 An inclusion work plan has been developed by the Wellbeing and Inclusion Manager and approved by the EDI Steering Group, and is available in Appendix B. Continuing actions from the inclusion action plan have been carried forward into this workplan. This has three aims:

- To contribute to developing a culture at WSFT where **everyone** feels they belong and can be themselves at work; where everyone feels seen and heard, that their contribution is valued and that their voice matters.
- To develop the organisational understanding of existing inequalities, barriers to inclusion and challenges faced by certain groups, and to develop people's skills (everyone and especially leaders and managers) in removing or mitigating these and being intentionally inclusive.
- To work towards becoming **institutionally inclusive** - where inclusion is forefront of our decision-making, policy and process development, cultures and attitudes, and planning for the future, for both colleagues and patients, so that WSFT can be a great place to work and provides the best possible patient care and services.

7.2 Key upcoming priorities for the next 12 months include:

- Following 'What Matters To You' 2022, develop a plan for an organisational conversation about what inclusion and inclusive behaviour looks like
- Plan for re-launch of staff networks that are supported and developed, with clear purpose and role within the organisation, in line with drafted governance framework
- Develop and collate a range of resources, education and training to develop equality, diversity and inclusion knowledge and capability
- Benchmark progress in LGBT+ equality and develop a plan for improvement
- Ensure disabled colleagues and those with a health condition or neurodifference are able to access appropriate workplace adjustments to enable them to do their role, in a timely manner – with proposals for a centralised process and funding, and development and introduction of a disability/health passport
- Develop proposals for engaging with a programme of Leading Inclusively with Cultural Intelligence and of reverse mentoring, to develop leaders to better understand and work well with difference
- With new Head of Resourcing, develop a plan for reviewing recruitment processes through an inclusion lens
- Review people policies through an inclusion lens
- Develop a calendar of notable dates and events on which to focus each year, alongside resources, staff stories and a potential diversity festival or conference, giving colleagues opportunity to improve their understanding of various aspects of equality, diversity and inclusion
- Consider introducing EDI champions

8. Recommendations

8.1 The Involvement Committee and Board are asked to:

- Note and discuss the WDES and WRRES metrics for 2022, changes from 2021, and the engagement and experience of WSFT colleagues with disabilities, health conditions or neurodifferences, and of colleagues from a Black, Asian or other ethnic minority background. Recognise that other groups, including many LGBT+ colleagues, may also be having a less positive work experience.
- Agree the inclusion work plan and this report for publication on the WSFT public website, as per WDES and WRRES mandatory requirements

- Align this work with other Trust priorities to ensure everything we do contributes to a fairer and more inclusive place to work for all colleagues
- Ensure their personal information, including ethnicity and disability status, is updated on ESR
- Consider personal actions and commitment to progress inclusion at WSFT