

# Annual equality, diversity and inclusion report 2021

## Purpose of this report

- To update the Trust Board on progress being made towards the development of a culture of inclusion, as a service provider and an employer
- To provide Trust Board members with assurance about the steps taken to meet the Trust's commitment to comply with the 2010 Equality Act, our Public Sector Equality Duty (PSED), equality, diversity and inclusion requirements of the NHS standard contract, NHS Constitution and CQC criteria.

## Introduction - WSFT inclusion strategy

WSFT is developing and promoting an inclusive culture. This means we embrace all people irrespective of, for example, race, religion or belief, sex, gender identity or expression, sexual orientation, age, marital status, pregnancy, maternity or disability.

Our aim is to ensure WSFT is a place where everyone is confident and comfortable being their authentic and whole self, whether as a member of staff, volunteer, patient, service user or visitor. We strive to give equal access and opportunities to all and to get rid of discrimination and intolerance as an employer and as a service provider.

An inclusive culture supports our commitment to the provision of high quality, safe care for all members of the communities we serve and our ambition to support all our staff as set out in our strategic framework 'Our patients, our hospital, our future, together'.

## Equality, diversity and inclusion objectives and action

The following nine inclusion objectives were agreed by the Board in September 2019 to further progress our Inclusion Strategy. These objectives were developed following a process of consultation with staff, patient representatives and the wider community, as well as a review of our performance against NHS standards and legal requirements.

### For patients, service users and carers

- Improve the experience and care of patients and service users experiencing mental distress those with learning disabilities and neurodiversity
- Improve the experience and care of people who are lesbian, gay, bisexual, trans and all other sexualities and gender identities

### For staff

- Promote and support inclusive leadership at all levels of the trust
- Ensure recruitment and selection processes are bias free and inclusive
- Facilitate the voices of all staff, providing forums for individuals to come together, to share ideas, raise awareness of challenges, provide support to each other and feedback to the trust on issues of equality, diversity and inclusion
- Take action to support the mental health wellbeing of all staff

### For patients, service users, carers and staff

- Promote a culture of inclusion in delivery of care to all patients and staff
- Improve information and data collected, in respect of protected characteristics in order to understand what action may be required
- Tackle bullying and harassment of and by staff and support staff to respectfully and successfully challenge problem behaviours

In the summer of 2021 we invited all staff, staff networks and staff side colleagues to contribute to identifying priority areas for action over the next 12 months. We have also taken account of the results of our 2021 Workforce Race Equality Standard assessment (see **Appendix 2** for report), Workforce Disability Equality Standard assessment (see **Appendix 3** for report), Gender Pay Gap report and NHS staff survey results.

Within these objectives the following 4 priorities have been identified for the next 12 months:

- **Inclusive Recruitment** - Review our recruitment and selection training for all staff who sit on a recruitment panel. Ensuring we include information on unconscious bias.
- **Disability Awareness and reasonable adjustments** - Raise the profile of the challenges faced at work of 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.
- **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.
- **Staff Networks** - Develop and nurture the staff networks to provide support to staff and guidance to the trust.

Our draft equality, diversity and inclusion plan sets out an action plan for the coming year. See **Appendix 1**.

## **Governance of equality, diversity and inclusion**

Development and implementation of our inclusion strategy is overseen by the Equality, Diversity and Inclusion Steering Group and an update is provided to the Patient Experience Committee for patient issues. Staff issues are escalated to the Involvement Committee as required. A report is made to the Trust Board annually. The LGB&T+, Staff Disability and BAME staff networks are invited to contribute to the organisational inclusion agenda and decision making through representation on the Equality, Diversity and Inclusion Steering Group.

## **Key developments since the 2020 annual report include:**

- Sunflower Scheme – launched in May 2021. To support our colleagues with a hidden disability the lanyard or bin badge is a subtle but visible item to help identify that the wearer may require some extra help, time, or assistance.
- Speaking Up Champions – launched in September 2021. A new role which works alongside the Speaking up Guardians to encourage staff to speak up, support and signpost colleagues to health & wellbeing and support services and to raise awareness.
- New Equality & Diversity e-learning package – improved and more comprehensive training launched June 2021. The E-learning for healthcare package covers all areas of Equality, diversity and Inclusion and gives practical examples of scenarios to support staff.
- Developing our staff networks by funding a staff network chair training day where learning can be shared through all networks.
- Introduction of disability leave for staff with disabilities in February 2021 who need to take time away from work for disability related reasons.
- Extension of ‘not every disability is visible’ signage on lavatory doors in the Trust.
- Good practice on reasonable adjustments in the selection process added to our Recruitment and Selection policy to support giving every candidate the opportunity to fully present their abilities and best self to the panel.

## Standards and external assurance

### Equality Delivery System 2 (EDS2)

Implementation of the EDS2 is a requirement on both NHS commissioners and NHS providers. At the heart of the EDS2 is a set of 18 outcomes grouped into 4 goals. These focus on the issues of most concern to patients, carers, communities, NHS staff and Boards of Directors.

The four goals are:

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership

The WSFT EDS2 was reviewed, in consultation with staff, patient representatives and the wider community June to August 2019. This is an electronic document and a copy can be found on the Trust website in the corporate information, information we publish section. Our EDS2 will be reviewed from August 2022.

### Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) is included in the NHS standard contract and its main purpose is:

- To help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators.
- Produce action plans to close the gaps in workplace experience between white and Black, Asian and Minority Ethnic (BAME) staff and
- To improve BAME representation at the Board level of the organisation.

A report showing WSFT performance against the WRES indicators is attached along with our proposed actions in relation to the feedback received. **Appendix 2.**

### Workforce Disability Equality Standard (WDES)

The Workforce Disability Standard (WDES) was included in the NHS standard contract from April 2019 and its main purpose is to improve the experiences of disabled staff in the NHS. It comprises 10 metrics covering representation of disabled staff in the workforce and on the Trust Board, how the organisation facilitates the voices of disabled staff to be heard, comparison of the experience of disabled versus non-disabled staff around harassment bullying and abuse; opportunities for career progression or promotion, satisfaction with how individual's work is valued by the Trust; engagement and pressure from managers to attend work despite not feeling well enough to perform their duties. Disabled staff are also asked about the provision of reasonable adjustments.

Full details of the Trust's performance against the WDES indicators are provided along with our proposed actions in relation to the feedback in **Appendix 3.**

### Gender Pay Gap (GPG) reporting

All employers with 250 or more employees are required by law to publish their gender pay gap each year on their own and the Government's website.

The figures reported show West Suffolk NHS Foundation Trust's gender pay gap in two ways – as median and mean average hourly rates. Average hourly rates:

	Average hourly rate (mean) % pay gap	Median hourly rate % pay gap
31.3.17	24.2%	8.1%
31.3.18	23.5%	6.0%
31.3.19	22.8%	5.3%
31.3.20	22.7%	4.8%

In 2019/20 the average hourly rate of pay for women remained lower than that of men but the trend towards narrowing the gap continued.

As in previous years the gender pay gap is caused by the trust employing proportionately more men in more skilled, senior, higher paying jobs than we have women; in particular amongst senior management roles and medical staff. Detailed analysis of the data by pay band highlights that female pay is higher than male pay in 7 out of the 15 pay bands/groups including Bands 8d and 9. The average hourly rates of men are still higher than those of women at executive level and amongst medical staff.

### What bonuses are paid to staff?

New guidance was issued nationally on what constitutes bonus pay for the reporting year ending 31.3.19. Bonus pay is any remuneration that is in the form of money, vouchers, securities or options and relates to profit sharing, productivity, performance, incentive or commission. The following payments are now included in the calculation of bonus pay:

- Clinical excellence awards (CEA) and discretionary points awarded to senior medical staff (NB: until 2019 these were the only payments counted as bonus pay).
- Welcome payments. These are incentives paid in the form of one or two lump sums to staff appointed to areas where recruitment is difficult e.g. pharmacy and staff nurses.
- Recruitment and retention premium. These are on-going increases to base salary for staff appointed to areas where recruitment is difficult e.g. estates trades and craftspeople, pharmacy, clinical coding, sonographers.
- Commitment awards e.g. bonus paid to nursing assistants on completion of their Care Certificate
- Recommend a friend payment i.e. payments made to existing staff who recommend WSFT as a place to work to a friend who joins and remains with the Trust
- Long service awards paid on retirement to staff with over 25 years' service at WSFT

2018 bonus gender pay gap data is not, therefore, directly comparable with 2019 and 2020 data.

Bonus pay	2018		2019		2020	
	Female	Male	Female	Male	Female	Male
% staff receiving bonus pay	1.09%	5.14%	5.99%	10.97%	6.39%	9.71%
Mean average bonus pay	£7563	£9857	£2634	£5088	£2553	£6163
Mean average bonus GPG	23.27%		48.23%		58.58%	
Median average bonus pay	£6032	£6032	£1500	£3000	£1500	£3406
Median average bonus GPG	0%		50%		56%	

### What causes this gap?

Proportionately more men than women receive the highest level of the highest paying bonuses (i.e. Clinical Excellence Awards (CEA) made to consultant medical staff). 54% of the 85 men receiving bonus payments were consultant medical staff in receipt of CEA, whilst only 18% of the 234 women receiving bonus payments were consultant medical staff in receipt of CEA.

Therefore, the inclusion since 2019 reporting of a large number of additional, lower, awards in addition to CEA, has exacerbated this situation. The impact has been to drive down both the mean and median bonus disproportionately for women and increased the bonus GPG.

A copy of the full report published in April 2021 can be found on the Trust website.

### **National NHS Staff Survey 2020: Equality, diversity and inclusion theme**

In addition to information from the NHS staff survey referenced in sections on WRES and WDES above, overall trust performance in the equality, diversity and inclusion theme placed WSFT as matching the national average for similar trusts and close to the best in the country. Trust performance in the equality, diversity and inclusion theme has remained equal to or above the national average for the past five surveys.

	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
<b>Best</b>	9.4	9.4	9.6	9.4	9.5
<b>WSFT</b>	9.3	9.2	9.3	9.3	9.1
<b>Average</b>	9.2	9.1	9.1	9.0	9.1
<b>Worst</b>	8.2	8.1	8.1	8.3	8.1

### **West Suffolk NHSFT equality and diversity profile 31 March 2021**

The Trust workforce appears more diverse than immediate local areas, and less diverse than the whole of England with the exception of Asian groups. Ethnic groups account for approximately 13% of total workforce and 9% of total staff survey of respondents.

Whilst the White British group makes up around 80% of the workforce, this is not reflected across all staff groups:

- Estates & Facilities, Admin & Clerical, AHP and ACS staff groups have a greater proportion of white groups overall (>60%)
- Nursing is slightly more diverse than the above, with 70% of staff in White groups and 21% in Minority groups.
- Medical & Dental has an almost equal distribution of white and minority groups.

80% of the Trust's workforce is female, with the majority in nursing, administrative and healthcare support posts. Male staff members represent 20% of the workforce with a more even distribution in the medical & dental roles (Female 50.8%, Male 49.2%)

Female staff members work almost equally part-time and full-time, whilst almost 90% of male staff members work full-time. Overall, 59% of Trust staff work full-time, with 41% working part-time.

Staff members between the ages of 40-60 account for 48% of the workforce, with over 60% of staff having been with the trust between 1-10 years. A quarter of staff members have been with the Trust for more than 10 years.

- Approximately 47% of the workforce falls within the 36 – 55 age group.
- There are 375 employees over 60, 12 of these are over the age of 71.
- 84% of staff have a current length of service between 1-15 years.

3.6% of staff have declared a disability, 48.6% have said they do not have a disability and the status of the remaining 47.9% of staff is unknown.

There has been a slight increase (2%) in staff members choosing to disclose their sexual orientation.

- 0.76% bisexual
- 1.05% gay or lesbian
- 75.77 % heterosexual
- 22.34% not disclosed
- 0.04% other sexual orientation not listed
- 0.04% undecided

Trust staff have a diverse range of faiths and religions. For example, 49.1% report their religion as Christianity, 0.89% Buddhism, 1.35% Hinduism, 1.33% Islam, 14.93% Atheism and 15.73% chose not to disclose their faith or religion.

## Performance Management

### 2020/21

As part of the Trust's processes for equality monitoring the Workforce and Communications Directorate record all formal investigations for disciplinary, capability, grievance, bullying, harassment and recruitment complaints. The factors being monitored are age, race, gender and disability to identify any trends that may indicate discrimination.

In 2020/2021 the Trust conducted a total of (22) formal investigations split into the categories listed in the table below.

	2020/21	2019/20	2018/19
Disciplinary	8	27	37
Capability	5	7	2
Grievance	9	13	8
Bullying and harassment	0	5	1
<b>TOTAL</b>	<b>22</b>	<b>52</b>	<b>48</b>

Our analysis shows that 19 of the cases listed above involved people of White British or White European/White other ethnicity. One member of staff was Filipino, one was Portuguese and one was Polish. None of the employees involved has a disability and the age range of staff was from 20 years old to 70 years old.

#### Disciplinary Cases 8

Male = 3

Female = 5

Disability = 0

Dismissed = 1 - female, White British

Resigned before hearing = 0

On hold due to Covid-19 = 0

Race = White British = 7, Portuguese = 1

Age range = 20 years old to 56 years old

#### Capability Cases 5

Male = 0

Female = 5

Disability = 0

Dismissed = 0

Resigned before hearing = 0

On hold due to Covid-19 = 1

Race = White British = 4 Filipino = 1

Age range = 26 years old to 55 years old

## **Grievance Cases 9**

Male = 2

Female = 7

Disability = 0

Dismissed = 0

Resigned before hearing = 0

On hold due to Covid-19 = 0

Race: White British = 8, Polish = 1

Age range = 25 years old – 70 years old

## **Bullying & Harassment 0**

Male = 0

Female = 0

Disability = 0

Dismissed = 0

Resigned before hearing = 0

On hold due to Covid-19 = 0

Race: N/A

Age range = N/A

Based on the information above for 2020/21 there are no areas of concern within our performance management data in relation to colleagues with protected characteristics.

## **Update on 2019/2020 performance management report**

Following a review of the 2019/20 performance management data (included in the 2020 Annual Equality Diversity and Inclusion Report) it was identified that staff from the Philippines were disproportionately represented in HR cases. 15% of cases involved staff from the Philippines whilst they represent only 3% of our workforce. As a result, a full review of previous disciplinary, grievance, capability and bullying and harassment cases, involving Filipino colleagues, including outcomes was undertaken with the following conclusions.

- Overall recruitment, selection and induction processes were very good and Filipino nurses joining the Trust were well supported. There was some evidence from the review of investigations of staff who would have benefitted from a greater level of continued support when they were new, particularly when working in very busy environments. Additionally, there was some evidence that a reluctance to raise issues or 'make a fuss' or alert managers to things the individual was struggling with, may have resulted in processes going forwards might otherwise have been resolved earlier.
- There was a general theme, not restricted to Filipino colleagues, of situations that may have been resolved informally becoming a formal investigation. The work the trust is undertaking to develop a just and learning culture is expected to address this – particularly the pre-investigation review process that is now in place. This means no performance management concerns will be investigated formally until a review has been carried out to understand if matters can be resolved informally.
- It was recognised that there is a need for Filipino colleagues who feel unable to raise concerns to be able to get the help of others to advocate for them.

The following actions were agreed and taken:

1. Continued support after induction to be discussed with the Non-Medical Clinical Education Lead.
2. Ensure Filipino colleagues are aware of the advocacy and support available via the BAME staff committee.
3. The review's outcomes to be shared with the Trust Equality, Diversity and Inclusion Steering Group.

Inclusion Action Plan October 2021 to October 2022

Objective	Action	Lead	Comments
<p>Where actions are relevant to improving WSFT performance against the Workforce Race Equality Standard (WRES) or Workforce Disability Equality Standard (WDES), Gender Pay Gap (GPG) reporting or NHS People Plan this is indicated against the objective. All of the actions in this plan help us achieve our Public Sector Equality Duty.</p>			
<p><b>For patients, service users and carers</b></p>			
<p>1. Improve the experience and care of people who are lesbian, gay, bisexual, trans and all other sexualities and gender identities</p>	<p>Continue to participate in the NHS Rainbow Badge Scheme to promote a message of inclusion to LGB&amp;T+ patients, service users, and carers</p>	<p>LGB&amp;T+ network</p>	<p>WSFT joined scheme in June 2019 and over 500 staff have signed the pledge</p>
<p><b>For staff</b></p>			
<p>2. Ensure that the recruitment and selection processes are bias free and inclusive</p>	<p>Inclusive recruitment: Recruitment &amp; Selection training to be reviewed to ensure in incorporates information around unconscious bias <i>WDES &amp; WRES</i></p>	<p>Wellbeing &amp; Inclusion Manager and Recruitment Team</p>	<p>To be implemented by April 2022</p>
<p>3. Facilitate the voices of all staff, providing forums for individuals to come together, to share ideas, raise awareness of challenges, provide support to each other</p>	<p>Staff networks: Develop and nurture the staff networks to provide support to staff and guidance to the trust:</p> <p>Support the development and work of the Trust Staff Disability Network. <i>WDES</i></p> <p>Support the development and work of the Trust BAME, LGB&amp;T+ and Menopause networks <i>WRES</i></p>	<p>Wellbeing &amp; Inclusion Manager</p> <p>Wellbeing &amp; Inclusion Manager</p>	<p>A relaunch is planned for Autumn 2021 to support membership and encourage regular meetings and an elected chair.</p>

	<p>International Medical Support Group <i>WRES</i></p> <p>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 <i>NHS People Plan</i></p>	<p>Medical Staffing Manager and Consultant in Obstetrics and Gynaecology</p> <p>Executive Director of Workforce and Communications</p>	<p>Induction Guidelines for International Medical Graduates has been distributed to corporate managers in June for action from August 2021 onwards.</p> <p>Engagement exercise underway with staff networks. Deadline December 2021</p>
4. Take action to support the mental health wellbeing of all staff	<p>Provide access to resources, training and awareness raising for managers and staff to support mental health wellbeing <i>WDES &amp; WRES</i></p>	<p>Consultant Clinical Psychologist and Staff Support Psychology Service,</p>	<p>The Staff Support Psychology service provide regular support training sessions to managers on a variety of topics. Programme Autumn/Winter 2021/22</p> <p>A post within the Staff Support Psychology service has been funded by My Wish Charity for one year to support those from a minority background.</p>
<b><i>For patients, service users, carers and staff</i></b>			
5. Promote a culture of inclusion in the delivery of care to all patients and staff	<p>Ensure every level of the workforce leaderships is representative of the overall BAME workforce <i>NHS People Plan, WRES</i></p> <p>Identify opportunities to increase diversity of executive and non-executive Trust Board membership <i>GPG, WDES &amp; WRES</i></p> <p>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. <i>WDES &amp; WRES</i></p>	<p>Deputy Director of Workforce (Learning and OD)</p> <p>Trust Board Chair</p> <p>Wellbeing &amp; Inclusion Manager</p>	<p>Monitor WSFT progress against the 'Model Employer: increasing black and minority ethnic representation at senior levels across the NHS' goals and identify action to achieve them.</p> <p>Programme set up and started by 31 December 2021 to run until Dec 2022</p>

	Raise the profile of the challenges faced at work of 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. <i>WDES &amp; WRES</i>	Wellbeing & Inclusion Manager	Programme set up and started by 31 December 2021 to run until Dec 2022
6. Tackle bullying and harassment of and by staff and support staff to respectfully and successfully challenge problem behaviours.	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 <i>WDES &amp; WRES</i>	Freedom to Speak Up Guardians	Champions recruited from a range of staff to represent all staff groups, especially those who find it more challenging to speak up. First Champions recruited and training running September, October, November 2021

## Workforce Race Equality Standard Report 2021

<b>Name and title of board lead for WRES:</b>	Jeremy Over, Executive Director of Workforce and Communications
<b>Name, title and contact details of lead manager for compiling this report:</b>	Rebecca Rutterford, Wellbeing & Inclusion Manager rebecca.rutterford@wsh.nhs.uk
<b>Name of commissioner this report has been sent to:</b>	Giles Turner, Human Resources Business Partner, West Suffolk CCG
<b>This report was signed off by the Trust Board on:</b>	15 October 2021
<b>Total Number of staff at 31.3.21 (permanent, fixed term and bank staff):</b>	5855 (5271 - 2020)
<b>Proportion of BME staff employed within the trust at 31.3.21:</b>	12.9% (12.8% 2020)
<b>Period this data refers to:</b>	31 March 2021
<b>Workforce Race Equality Standard Indicators</b>	
Relative likelihood of staff being appointed from shortlisting across all posts	<p>2019 = shortlisted white candidates 1.43 times more likely to be appointed than BME candidates</p> <p>2020 = shortlisted white candidates 0.90 times more likely to be appointed than BME candidates (i.e. BME candidates <b>more likely</b> to be appointed than white candidates)</p> <p><b>2021</b> = shortlisted white candidates 1.30 times more likely to be appointed than BME candidates</p> <p><b>NB:</b> There was a significant number of overseas BME candidates who were offered the job but choose not to accept due to applying for multiple vacancies.</p>
Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator is based on data from a two-year rolling average of the current year and the previous year	<p>2019 = BME staff less likely than white staff to enter the formal disciplinary process (0.62)</p> <p>2020 = BME staff less likely than white staff to enter the formal disciplinary process (0.15)</p> <p><b>2021</b>= BME staff less likely than white staff to enter the formal disciplinary process (0.88)</p> <p><b>NB:</b> the numbers involved are small. The numbers of BME staff entering the formal disciplinary process were: 2019 – 3, 2020 – 1, 2021 -1</p>
Relative likelihood of staff accessing non-mandatory training and CPD	<p>2019 = White staff less likely to access non-mandatory training and CPD compared to BME staff (0.57)</p> <p>2020 = White staff less likely to access non-mandatory training and CPD compared to BME staff (0.91)</p>

	<b>2021</b> = White staff less likely to access non-mandatory training and CPD compared to BME staff (0.69)				
<b>National NHS Staff Survey 2020 Indicator</b> Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months		<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
	White	26.5	26.7	25.1	25.2
	BME	41.9	20.5	27.9	29.6
<b>National NHS Staff Survey 2020 Indicator</b> Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months		<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
	White	18.5	22.9	21.5	24.4
	BME	29.5	34.1	21.9	28.2
<b>National NHS Staff Survey 2020 Indicator</b> Percentage believing that the trust provides equal opportunities for career progression or promotion		<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
	White	88.8	90.0	89.6	87.9
	BME	81.8	78.6	84.9	76.4
<b>National NHS Staff Survey 2020 Indicator</b> Percentage staff personally experienced discrimination at work for manager/team leader or other colleague		<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
	White	5.5	6.6	5.7	5.9
	BME	15.9	11.4	11.9	13.1
Percentage difference between the organisations' board voting membership and its overall workforce	<b>2019</b>	<b>2020</b>		<b>2021</b>	
	White +16.6%	White +11.00%		White +12.3%	
	BME -10.9%	BME -12.8%		BME -12.9%	
	The Trust board voting membership on 31.3.21 was 100% white. Recruitment consultants are instructed to actively seek candidates from all possible sources from within the constituency to provide a diverse range of candidates for all board appointments.				

<b>Proposed Actions for 2021</b>		<b>Completion date</b>
Inclusive Recruitment	Review our recruitment and selection training for all staff who sit on a recruitment panel. Ensuring we include information on unconscious bias.	Implementation by April 2022
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.	Programme set up and started by 31.12.21 to run until Dec 2022
Staff Networks	Develop and nurture the staff networks to provide support to staff and guidance to the trust.	Ongoing

## Workforce Disability Equality Standard Report 2021

<b>Name and title of board lead for WRES:</b>	Jeremy Over, Executive Director of Workforce and Communications	
<b>Name, title and contact details of lead manager for compiling this report:</b>	Rebecca Rutterford, Wellbeing & Inclusion Manager Rebecca.rutterford@wsh.nhs.uk	
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<b>Total Number of staff at 31.3.21 (permanent, fixed term and bank staff):</b>	5855 (5271 - 2020)	
<b>Proportion of disabled staff employed within the trust at 31.3.21:</b>	3.6% (3% - 2020)	
<b>Period this data refers to:</b>	31 March 2021	
<b>Workforce Disability Equality Standard Indicators</b>		
Relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.	2019	1.03 non-disabled staff are slightly more likely to be appointed than disabled staff from shortlist.
	2020	1.46 non-disabled staff are more likely to be appointed than disabled staff from shortlist
	<b>2021</b>	1.40 non-disabled staff are more likely to be appointed than disabled staff from shortlist.
Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	2019	0.0 no disabled staff entered the formal capability procedure
	2020	0.32 disabled staff are less likely to enter the formal capability process than non-disabled staff.
	<b>2021</b>	0 no disabled staff entered the formal capability process
<b>National NHS Staff Survey 2020 Indicator</b> Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	<b>Disabled</b>	
	2019	30.7%
	2020	30.7%
	<b>Non-Disabled</b>	
	2019	24.4%
	2020	25.4%
<b>National NHS Staff Survey 2020 Indicator</b> Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months	<b>Disabled</b>	
	2019	16.8%
	2020	17.9%
	<b>Non-Disabled</b>	
	2019	9%
	2020	10.1%
<b>National NHS Staff Survey 2020 Indicator</b> Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	<b>Disabled</b>	
	2019	23.5%
	2020	26.9%
	<b>Non-Disabled</b>	
	2019	15.8%
	2020	19.1%
<b>National NHS Staff Survey 2020 indicator</b>	<b>Disabled</b>	
	2019	44%

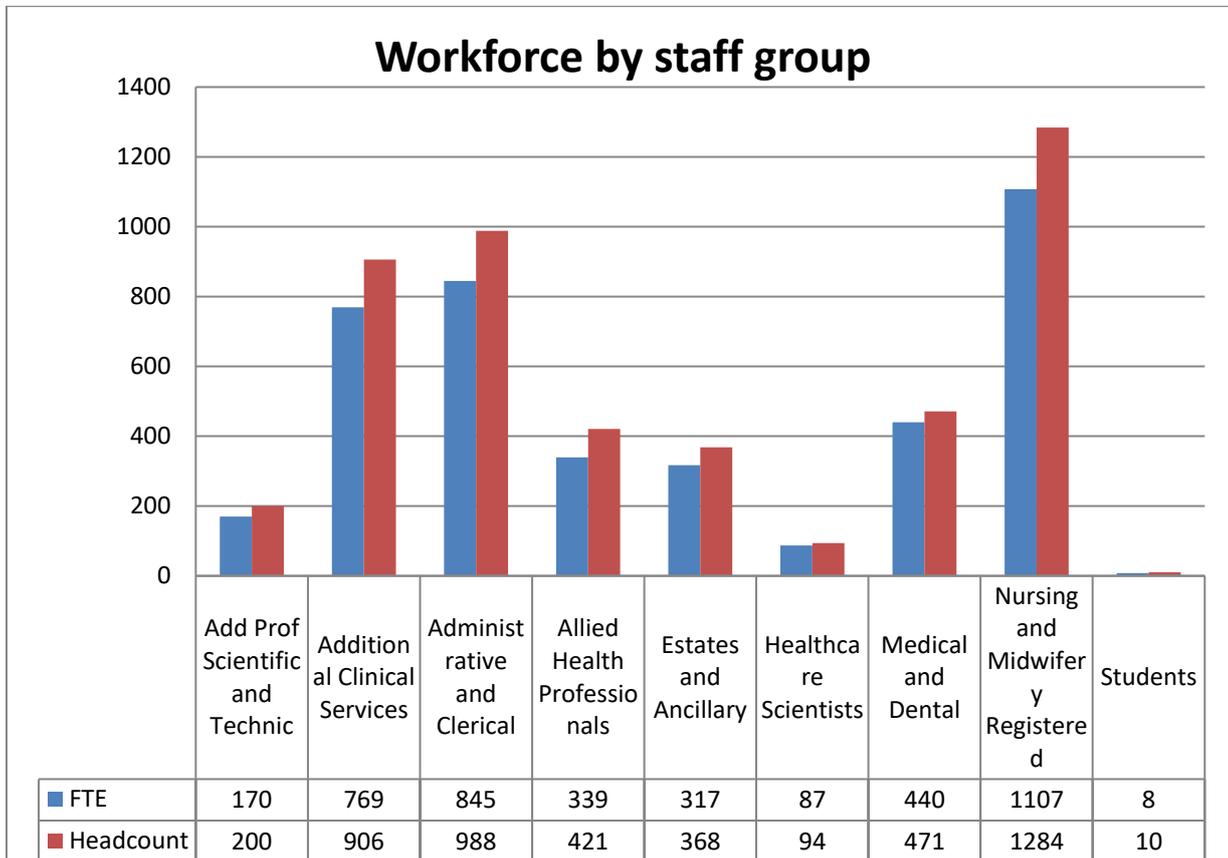
Percentage of disabled staff compared to non-disabled staff saying that last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	2020	56.4%
	<b>Non-Disabled</b>	
	2019	45.5%
	2020	43.3%
<b>National NHS Staff Survey 2020 Indicator</b> Percentage believing that the trust provides equal opportunities for career progression or promotion	<b>Disabled</b>	
	2019	84.3%
	2020	86.6%
	<b>Non-Disabled</b>	
	2019	90%
	2020	86.7%
<b>National NHS Staff Survey 2020 Indicator</b> Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	<b>Disabled</b>	
	2019	25.1%
	2020	26.3%
	<b>Non-Disabled</b>	
	2019	17.7%
	2020	18.8%
<b>National NHS Staff Survey 2020 Indicator</b> Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	<b>Disabled</b>	
	2019	51.8%
	2020	44.7%
	<b>Non-Disabled</b>	
	2019	59.7%
	2020	52.4%
<b>National NHS Staff Survey 2020 Indicator</b> Percentage of disabled staff saying their employer has made adequate adjustment(s) to enable them to carry out their work	80.6% (82.1% 2019)	
<b>National NHS Staff Survey 2020 Indicator</b> The staff engagement score for disabled staff, compared to non-disabled staff and the overall engagement score of the organisation	<b>Disabled</b>	WSFT 7.1 (7.2 – 2019)
		National Average 6.7 (6.7 in 2019)
	<b>Non-Disabled</b>	WSFT 7.3 (7.6 - 2019)
		National Average 7.1 (7.1 in 2019)
	Overall staff Trust score 7.2	
Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard?	Yes – staff disability network	
Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce	No board members with a declared disability	

<b>Proposed Actions for 2021</b>		<b>Completion date</b>
Inclusive Recruitment	Review our recruitment and selection training for all staff who sit on a recruitment panel. Ensuring we include information on unconscious bias.	Implementation by April 2022
Disability Awareness and Reasonable Adjustments	Raise the profile of the challenges faced at work of 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.	Programme set up and started by 31.12.21 to run until Dec 2022
Staff Networks	Develop and nurture the staff networks to provide support to staff and guidance to the trust.	Ongoing

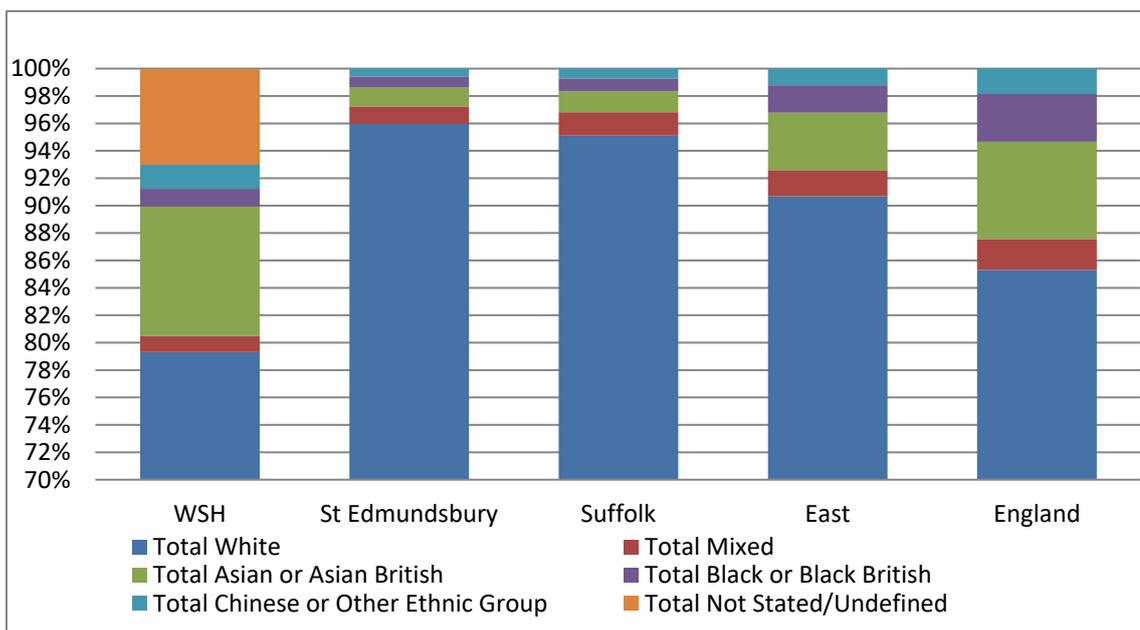
## WSFT equality and diversity profile 31 March 2021

### Workforce by staff group

The Trust's total headcount as of 31 March 2021 was approximately 4742. Registered nurses and midwives continue to be the largest single staff group, accounting for almost 30% of total staff in the Trust, followed closely by administrative and clerical and additional clinical services.

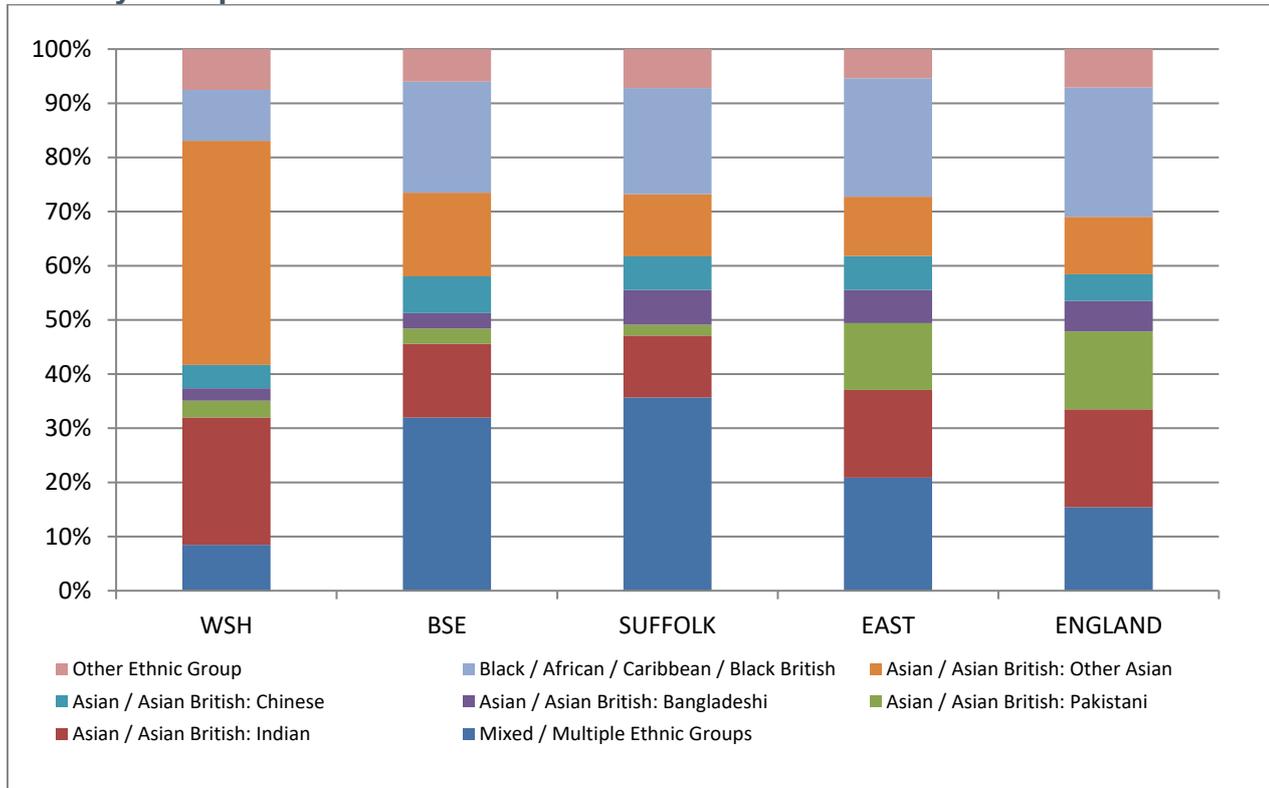


### Population ethnicity



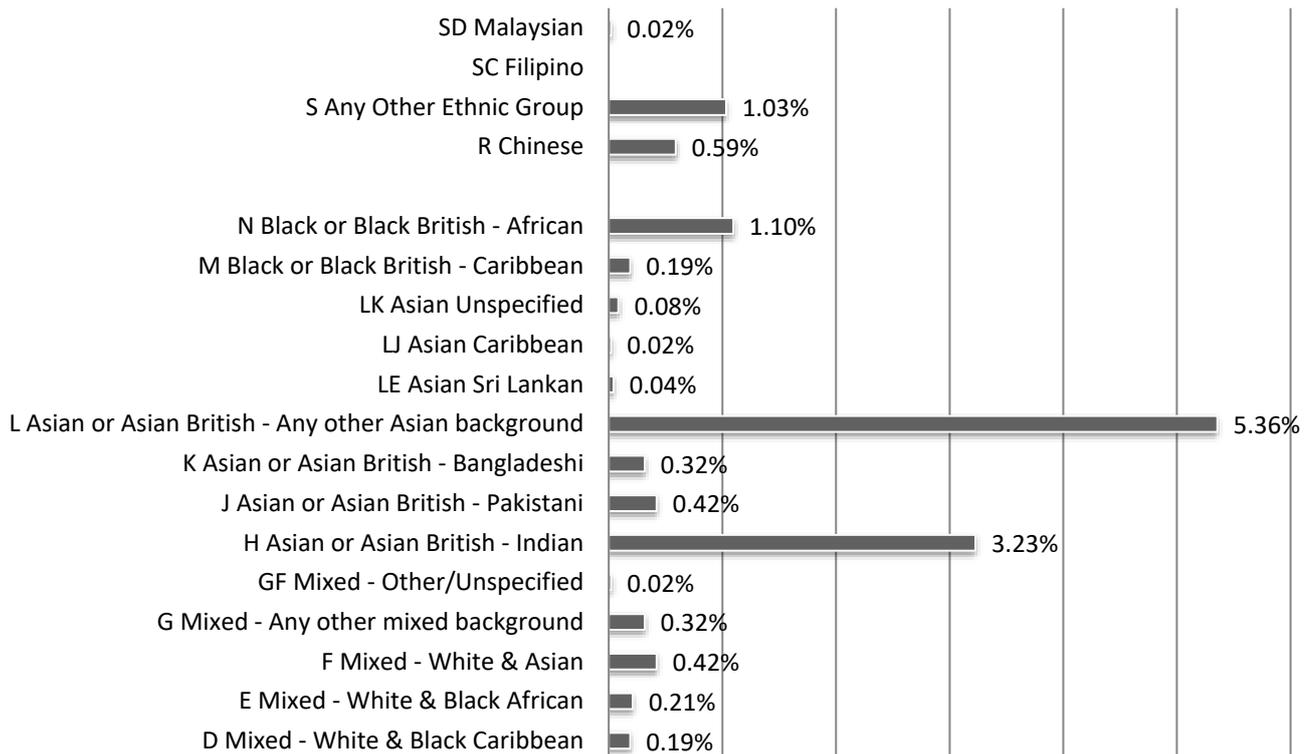
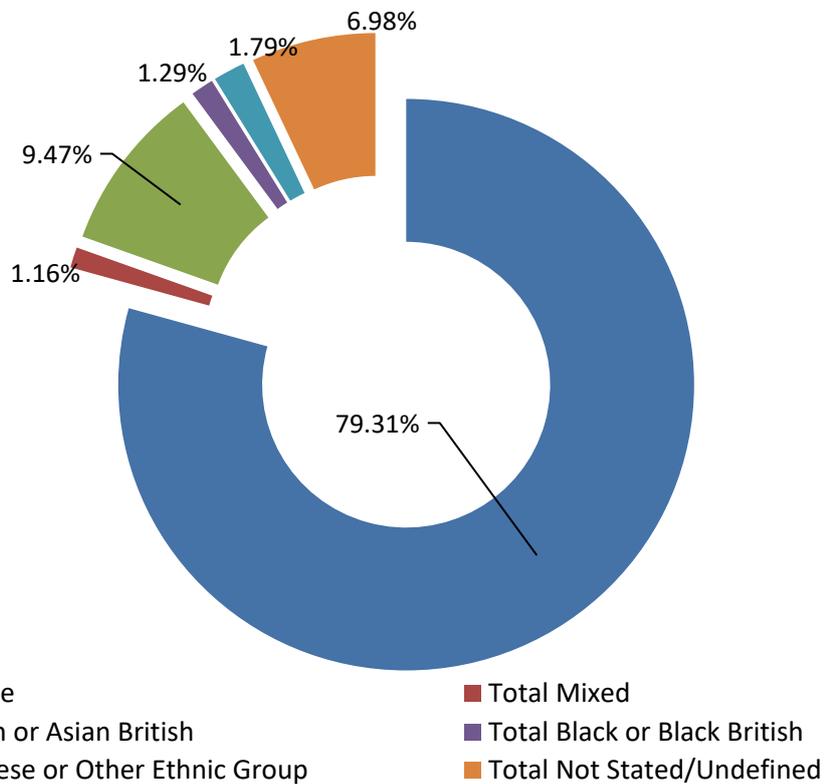
The chart above compares the overall ethnic profiles for the Trust, Bury St Edmunds, Suffolk, East of England and England as a whole. The Trust appears more diverse than the immediate local areas, however slightly less diverse when compared with England as a whole, with the exception of the Asian groups.

### Minority Group Distribution



### Workforce ethnicity breakdown

Overall, 13.7% of those staff choosing to disclose their ethnicity stated they were from a minority ethnic group. Currently 93% of the workforce has chosen to disclose their ethnicity.

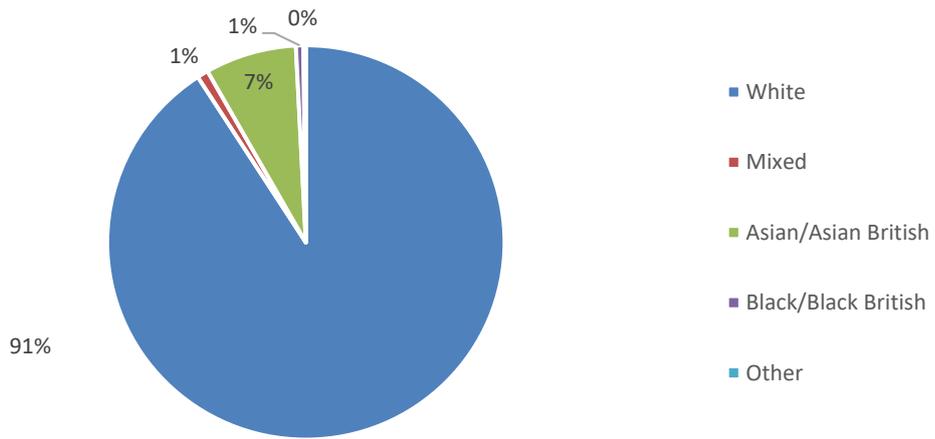


### Staff Survey sample – ethnicity

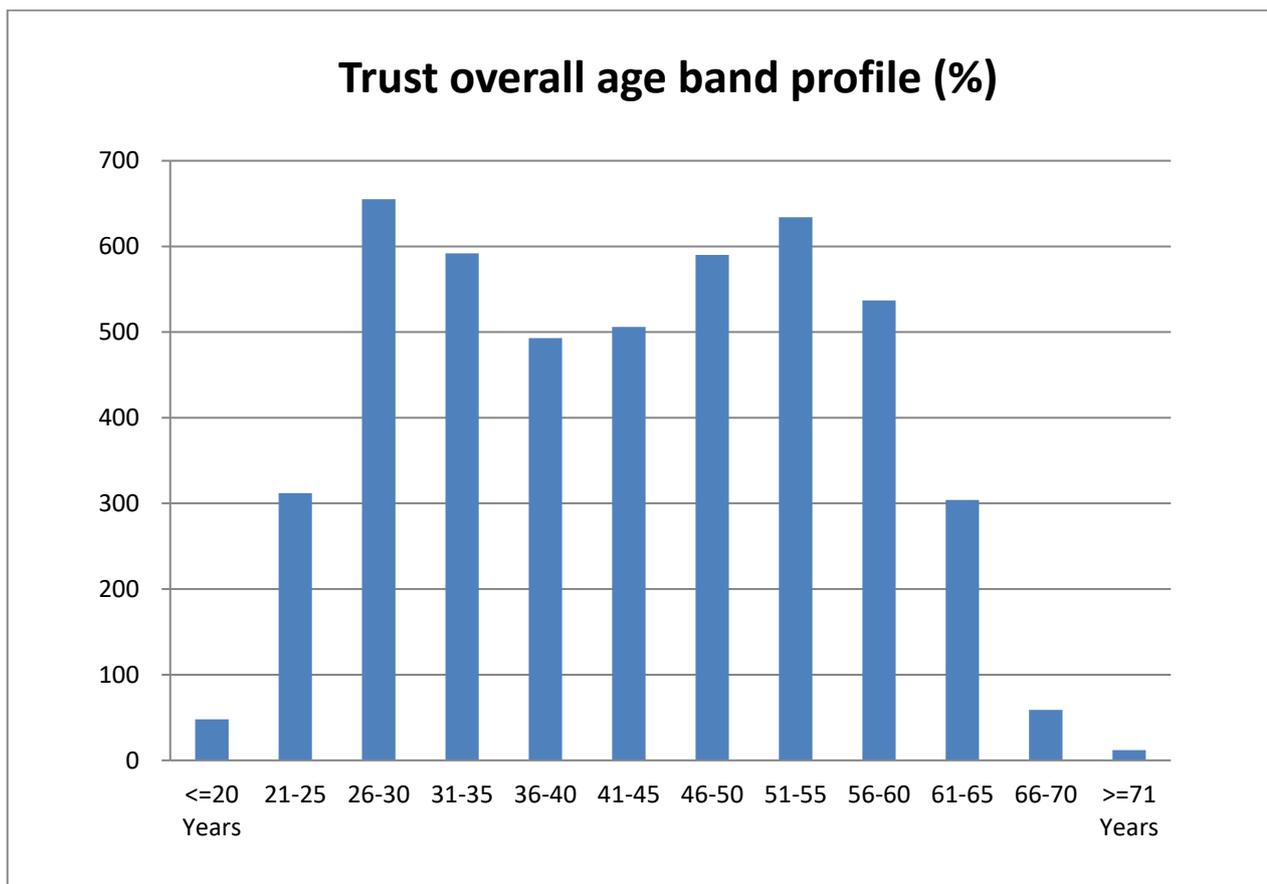
From a census of all eligible staff, 1981 employees responded to the Trust Staff Survey in 2020, giving a total response rate of 46% - above the Picker Institute average for Acute Trusts of 45%.

The chart below shows how our staff respondents described their ethnic background when completing the survey. In total 90.3% were recorded as white groups and 9.1% recorded as minority groups.

## 2020 NHS Staff Survey Respondent Ethnicity Profile



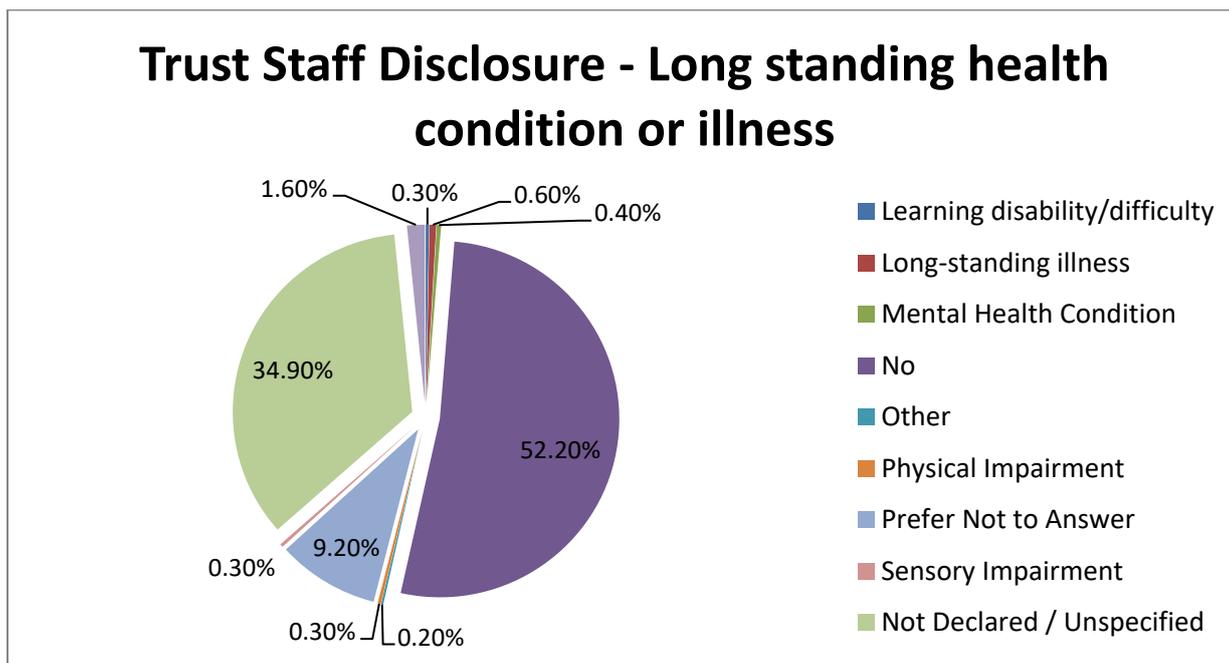
## Age profile



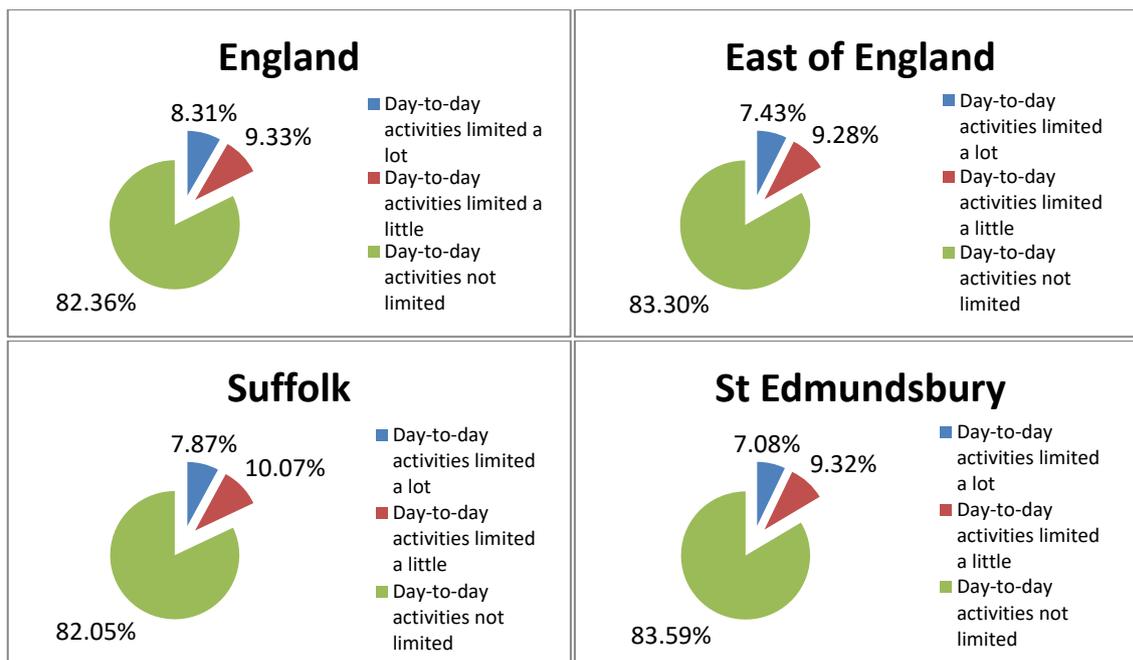
The average age for staff within the Trust is 44 years old. For female staff it is 44 and for male staff, 43.

## Long standing health condition or illness

Trust disability data quality has improved and shows that over half of all staff members have a recorded disability disclosure.

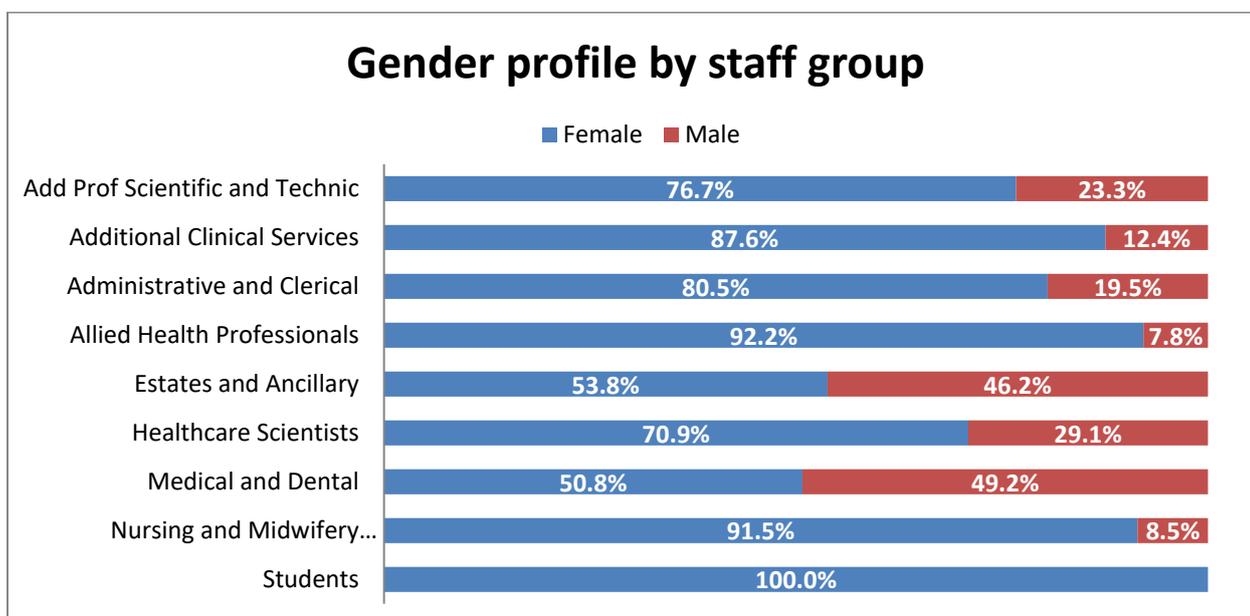


The data below shows the comparison between the locality, region and country as a whole in terms of the number of people who have either no disability/limitation with day-to-day activities, limited or more limited activity.



## Gender identity

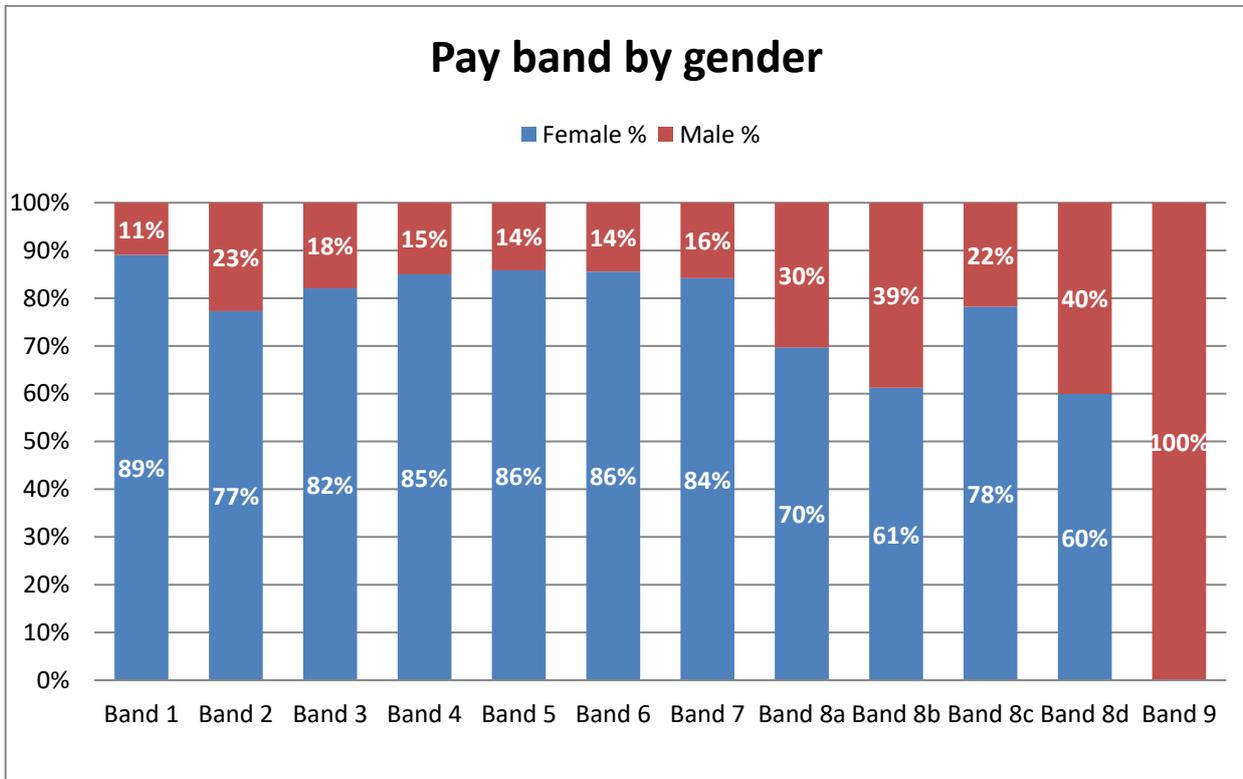
The gender split of the workforce remains reasonably constant; it comprises 80% female staff and 20% male staff. A similar distribution was seen amongst the respondents to the Trusts 2020 Staff Survey (78% and 16% respectively), with the inclusion of 0.4% of respondents preferring to self-describe and 5.3% of respondents preferring not to state – an increase by 3 % on last year.



The Trust has a consistently higher proportion of female staff compared to male staff with the exception of the medical and dental and estates and ancillary staff groups.

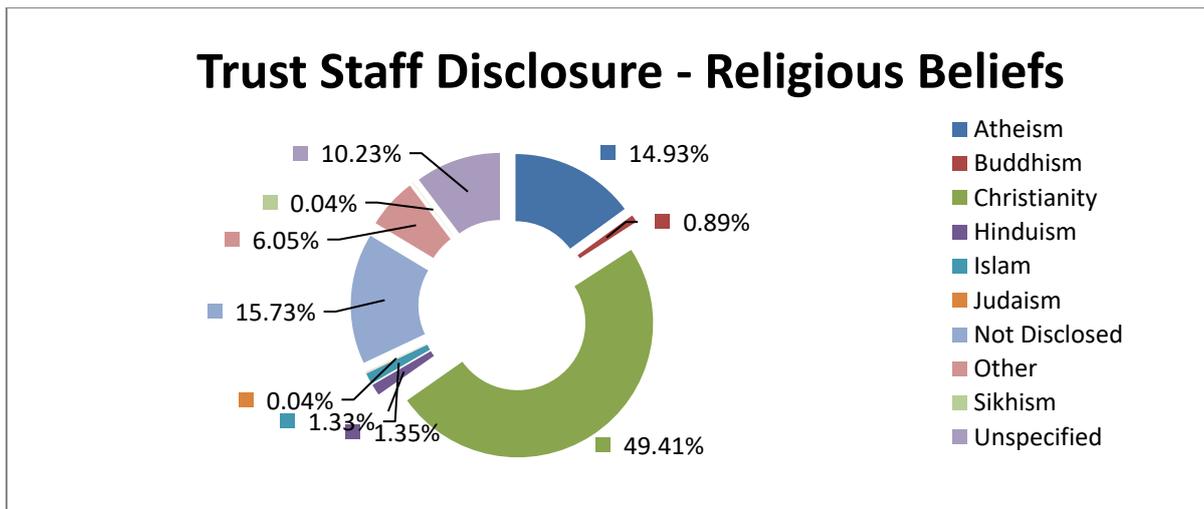
## Pay

Pay band data by gender displays an approximate reflection of the Trust's 80/20 gender split. At band 8 and above the distribution of male/female staff at higher bands starts to change and we start to see an increase in the number of male senior staff.



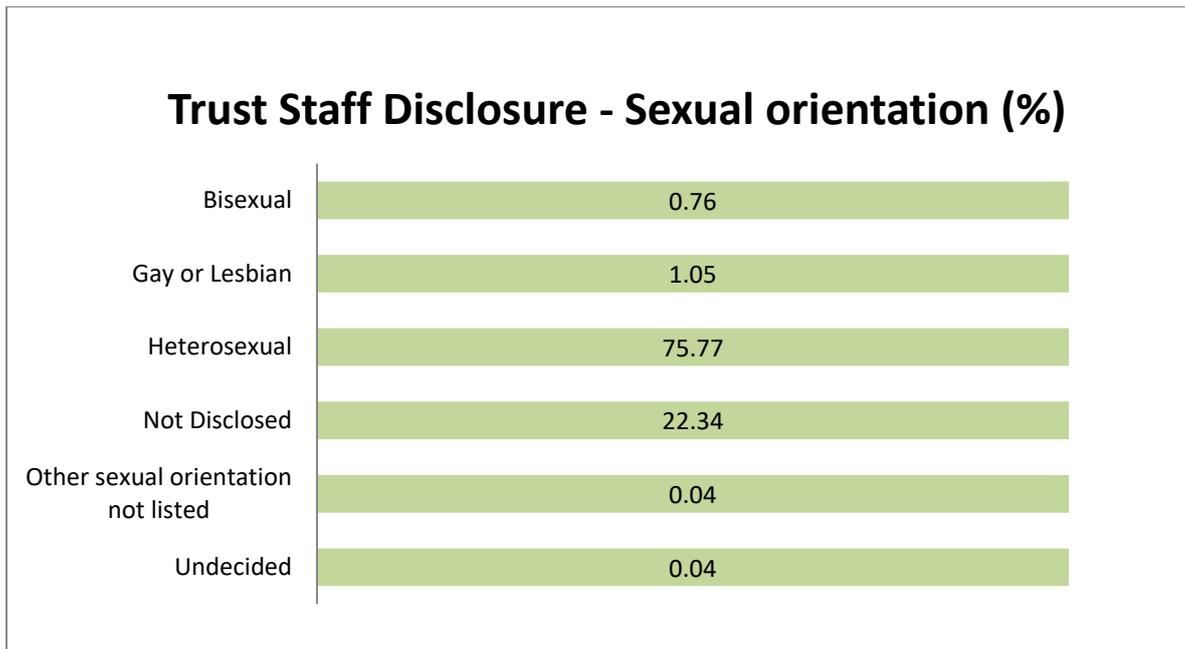
## Religion and belief

The Trust workforce has a diverse range of faiths, with fewer staff choosing not to disclose their religion.



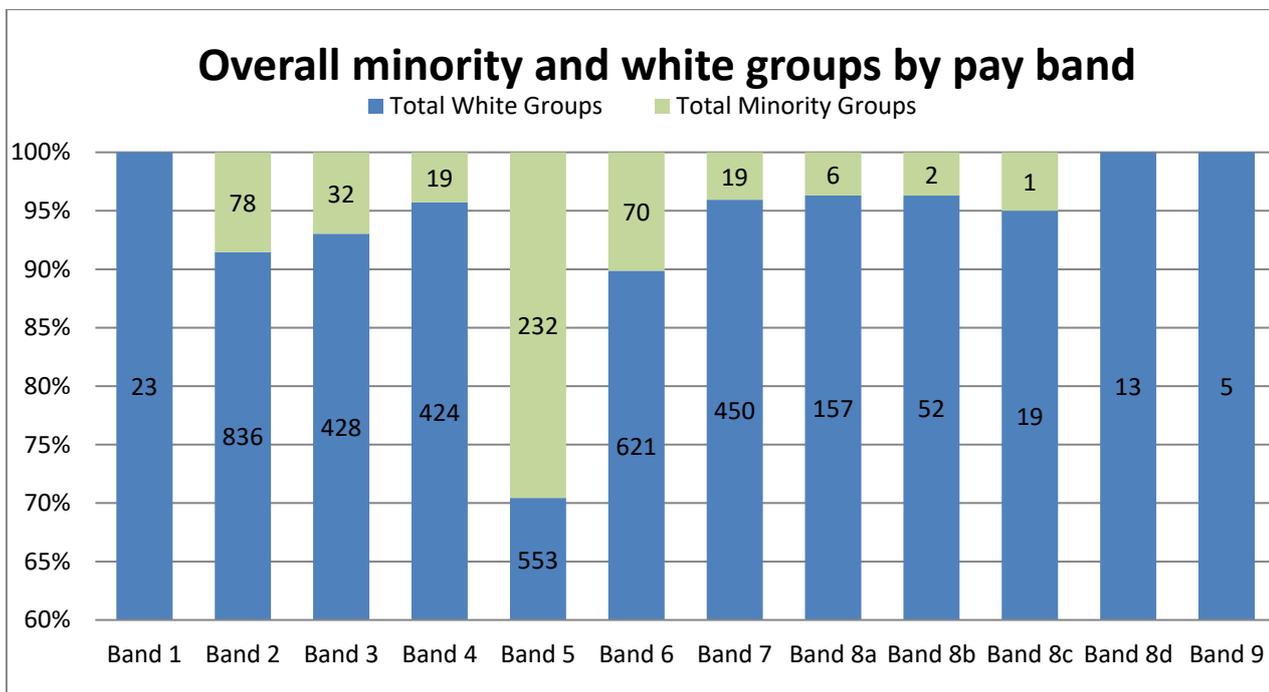
## Sexual orientation

More staff members have chosen to disclose their sexual orientation since last year. The number of staff choosing not to disclose their sexual orientation has fallen by 2%



## Pay band by ethnicity

Bands 2 - 6 show the largest distribution of Minority groups. There are few disclosed Minority groups in pay bands 8b and above.



EDS evidence showed that all staff, and therefore all protected groups, have nationally determined and locally agreed equal pay and related terms and conditions. The Trust is fully engaged with staff and unions and any potential or perceived unfairness in relation to pay and conditions are fully investigated with subsequent feedback to those concerned.

## Data sources for this report

### **Electronic staff record (ESR)/Oracle Business Intelligence (BI)**

Standard workforce figures for staff groups as at 31-March-2021

Trust diversity statistics as at 31-March-2021, for protected characteristics

### **Office for National Statistics (ONS)**

Census information 2011

Population ethnicity profile 2011