

Annual equality, diversity and inclusion

Purpose of this report

- To update the TEG on progress being made towards the development of a culture of inclusion, as a service provider and an employer and
- To provide members of TEG 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 plan 2019 - 2021

Nine inclusion objectives were agreed by the Trust Board in September 2019 for the two years from August 2019 to July 2021. The objectives were developed through a process of consultation with staff, patient representatives and the wider community, as well as a review of our performance against the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES), our 2019 staff survey results, our 2019 Gender Pay Gap Report, the NHS Equality Delivery System (EDS2), the Trust's Strategic Framework 'Our patients, our hospital, our future, together' and the requirements of the Equality Act (2010), including the Public Sector Equality Duty (PSED).

We aim to have inclusive approach to all people at all times and, in addition, our inclusion objectives around specific protected characteristics provide an additional focus for two years. Our inclusion objectives for 2019 - 2021 are:

For patients, service users and carers

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

**Neurodiversity – neurological difference is recognised and respected as any other human variation. Neurological differences can include dyspraxia, dyslexia, attention deficit hyperactivity disorder, autistic spectrum, Tourette syndrome.*

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

Our equality, diversity and inclusion plan sets out action against these objectives and progress made in the last 12 months. See **Appendix 1**

Significant progress has been made since September 2019 and the Trust has also demonstrated its commitment to creating a culture of inclusion in its approach to the COVID-19 pandemic most notably in the action taken to support the mental health and wellbeing of staff and supporting staff from BAME backgrounds.

As evidence emerged around the heightened risks around COVID-19 faced by people from BAME backgrounds representatives were involved in discussions and decisions around provision of PPE; ethnicity has been recognised as an independent risk factor in our individual staff risk assessment for COVID-19 and Dr Emily Baker who leads our Staff Support Psychology team was successful in a bid for charitable funding to recruit a psychologist to her team to support staff from BAME backgrounds.

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 every six months. Staff issues are escalated to the Trust Executive Group 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.

Developments since the 2019 annual report

The importance of our action to facilitate the voices of all staff was highlighted by the disproportionate impact of COVID-19 on BAME staff and the Black Lives Matter movement and the emergence of the WSFT BAME staff network is a significant step forward. We will focus on the best ways of supporting all our staff networks and ensuring they can contribute to decision-making process in the Trust, whilst respecting their independence and desire to set their own agendas.

A workforce that represents the population we serve at every level continues to be a challenge and has become a national priority in 2020. Proportionate representation of women, staff with disabilities and people from BAME backgrounds at senior leadership levels of WSFT, including the Trust Board is a priority. A review of recruitment and promotion practices in partnership with staff representatives will support this process.

The Inclusion Action Plan has developed in 2020 and includes updates reflecting our experience of and learning from the COVID-19 pandemic and the NHS People Plan published in July 2020.

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.

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.

One issue of particular concern in the NHS currently is that BAME staff are relatively more likely than white staff to enter the formal disciplinary process. This was highlighted in the **NHS England and NHS Improvement report 'A fair experience for all'**. The goal set for the NHS is to ensure that the relative likelihood for BAME staff entering the formal disciplinary process compared to white staff are within the non-adverse range of 0.8 – 1.25 (measured by WRES indicator 3). WSFT performance is as follows:

Year	2020	2019	2018
WSFT Indicator 3 score	0.15	0.62	0.29
No. BAME staff entering the disciplinary process	1	3	1

The WSFT score in this indicator has been outside the non-adverse range in the last three years and suggests that BAME staff are less likely than white staff to enter the formal disciplinary process.

Another issue of national concern is the difference in the likelihood of BAME and white candidates being appointed from a shortlist. WSFT performance is as follows:

Year	2020	2019	2018
Score above 1 indicates white candidates are more likely to be appointed than those from BAME backgrounds, below 1 indicates candidates from BAME backgrounds are more likely to be appointed than white.	0.90	1.43	1.60

In 2020 this indicator suggests BAME candidates are slightly more likely than white staff to be appointed from a shortlist. It is important to note that this may represent the impact of significant recruitment from overseas in 2019/20. These were nursing staff from the Philippines and the appointment to a number of trust grade doctor posts which tend to attract applicants from

overseas. It is, therefore, too early to conclude that our efforts around ensuring fair recruitment and selection are achieving the desired results.

WRES indicators based on NHS staff survey results demonstrate BAME staff continue to experience greater bullying and harassment from both patients and colleagues and experience more discrimination at work. BAME staff also report a lower level of belief than white staff in equality of opportunity for career progression or promotion.

BAME staff continue to be very under represented at senior management levels (band 8a+) and on the Trust Board.

A report showing WSFT performance against the WRES indicators is attached as **Appendix 2**. Action to address issues raised by the WRES is in the Inclusion Action Plan (**Appendix 1**).

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 at **Appendix 4**. In summary:

- Overall disabled staff completing the National NHS Staff Survey in 2019 reported a less favourable experience at work than non-disabled colleagues in all indicators where comparison is possible.
- Disabled candidates appear less likely than non-disabled staff to be appointed from shortlisting and the trend in this indicator has deteriorated since the 2019 WDES. Non-disabled staff were 1.46 times more likely to be appointed from a shortlist than disabled staff in 2019/20, compared to 1.03 times more likely in 2018/19.
- Disabled staff are more likely to experience bullying and harassment from patients, their colleagues and their managers than non-disabled staff and are slightly less likely to report it.
- The overall staff engagement score for disabled staff is lower compared to non-disabled staff and the overall engagement score for the trust. However, it is worth noting that the staff engagement score for WSFT disabled staff is still higher than the national average score for comparable trusts.

Action to be taken can be found in **Appendix 1**.

All staff have been invited to contribute to the development of action to address issues raised by the WDES and WRES through the Green Sheet, Core Brief, and through the BAME and Staff Disability Networks.

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. Due to the COVID-19 pandemic the Government Equalities Office and the Equality and Human Rights Commission suspended enforcement of the gender pay gap deadlines for the reporting year 2019/20. However, the Trust chose to publish its report in May 2020. This was our third GPG report.

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%

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 9 out of the 15 pay bands/groups. The average hourly rates of men are still higher than those of women at executive level and amongst medical staff.

The bonus pay gap was calculated differently following additional national guidance for the reporting year ending 31.3.19 which means this year's data is not comparable with previous years.

Bonus pay	2017		2018		2019	
	Female	Male	Female	Male	Female	Male
% staff receiving bonus pay	1.0%	4.5%	1.09%	5.14%	5.99%	10.97%
Mean average bonus pay	£8088	£12130	£7563	£9857	£2634	£5088
Mean average bonus GPG	33.10%		23.27%		48.23%	
Median average bonus pay	£5972	£8958	£6032	£6032	£1500	£3000
Median average bonus GPG	33.33%		0%		50%	

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). 56% of the 89 men receiving bonus payments were consultant medical staff in receipt of CEA, whilst only 19% of the 202 women receiving bonus payments were consultant medical staff in receipt of CEA.

Therefore, the inclusion for 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 May 2020 can be found on the Trust website in the corporate information, information we publish section. Actions to address the issues raised are highlighted in the Inclusion Strategy Action Plan 2019 – 21 at **Appendix 1**.

National NHS Staff Survey 2019: 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 well above 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 consistently above the national average for the past five surveys.

	2015	2016	2017	2018	2019
Best	9.5	9.4	9.4	9.6	9.4
WSFT	9.3	9.3	9.2	9.3	9.3
Average	9.2	9.2	9.1	9.1	9.0
Worst	8.3	8.2	8.1	8.1	8.3

West Suffolk NHSFT equality and diversity profile 31 March 2020

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 9.5% 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 and facilities, administrative and clerical, allied health professionals and ancillary staff groups have a greater proportion of white groups overall.
- There is a more even distribution of white and minority groups amongst medical staff.

79% of the Trust's workforce is female, with the majority in nursing, administrative and healthcare support posts. Male staff members represent 21% of the workforce with a slight majority in medical roles.

Female staff members work almost equally part-time and full-time, whilst almost 90% of male staff members work full-time. Overall, 58% of Trust staff work full-time, with 42% working part-time.

The majority of staff members are between the ages of 40-60, with a large number of staff having been with the trust between 1-10 years. Over a quarter of staff members have been with the Trust for more than 10 years.

- Approximately 48% of the workforce falls within the 36 – 55 age bracket.
- There are 341 employees over 60, 15 of these are over the age of 71.

3% of staff have declared a disability, 49% have said they do not have a disability, 12% stated they preferred not to answer and the status of the remaining 36% of staff is unknown.

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

- 0.72% bisexual
- 0.90% gay or lesbian
- 74.20 % heterosexual
- 24.13% not disclosed
- 0.02% other sexual orientation not listed
- 0.02% undecided

Trust staff have a diverse range of faiths and religions. For example, 50% report their religion as Christianity, 1% Buddhism, 1% Hinduism, 1% Islam, 13% Atheism and 17% chose not to disclose their faith or religion.

Performance Management

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, ethnicity, gender and disability to identify any trends that may indicate discrimination.

We have identified that staff from the Philippines are disproportionately represented in HR cases -15% of cases involved staff from the Philippines whilst they represent only 3% of our workforce. As a result we will be undertaking a review of previous disciplinary, grievance, capability and bullying and harassment cases, involving Filipino colleagues, including outcomes. Going forward we are exploring how we can look at potential formal HR processes involving staff from the Philippines through a cultural lens. This process will involve discussion with our Filipino workforce.

A detailed breakdown of the Trust equality and diversity profile and performance management data is provided at **Appendix 4**.

	<p>Encourage Trust leaders throughout the organisation to develop awareness of their own unconscious bias and the potential it has to impact on their behaviour. Increase take up of unconscious bias e-learning. WRES, WDES and GPG</p> <p>Unconscious bias e-learning to be mandatory for case investigators.</p>	<p>Deputy Director of Workforce (Learning and Organisation Development)</p> <p>Deputy Director of Workforce (HR and People Services)</p>	<ul style="list-style-type: none"> • 101 staff undertook unconscious bias e-learning in the 12 month period
<p>4. Ensure that the recruitment and selection processes are bias free and inclusive</p>	<p>Complete implementation of action plan resulting from audit recruitment of BAME staff. WRES</p> <p>Review recruitment and promotion practices in partnership with staff representatives to ensure staffing reflects the diversity of the community, regional and national labour markets NHS People Plan, WDES, WRES, GPG</p> <p>Review and update policies relevant to the recruitment and selection of people with disabilities. WDES</p> <p>Achieve 'Disability Confident Employer' status and explore potential to become a 'Disability Confident Leader' WDES</p>	<p>Deputy Director of Workforce (Learning and OD), Senior HR Manager and, Medical Staffing Manager (Operational)</p> <p>Deputy Director of Workforce (HR and People Services)</p> <p>Deputy Director of Workforce (Learning and OD) and Disabled Staff Network Members</p> <p>Deputy Director of Workforce (HR and People Services)</p>	<ul style="list-style-type: none"> • All actions to be completed by 31.12.19. Carried forward from 2017-19 plan. Trend analysis of shortlisted candidates undertaken – report to EDI Steering Group 16.7.20 and annual monitoring agreed going forward. COMPLETE • Staff disability network have developed an annex to trust recruitment and selection policy with examples of reasonable adjustments in the selection process. • Disability Confident Employer status achieved 30.9.19

<p>5. 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.</p>	<p>Offer staff the opportunity and support to set up networks around Equality Act protected characteristics. WDES & WRES</p> <p>Support the development of the Trust Disabled Staff Network. WDES</p> <p>Feedback results of Workforce Race Equality Standard and explore opportunities for a BAME staff network. WRES</p> <p>BAME Staff Network WRES</p> <p>International Medical Support Group WRES</p> <p>Review the governance arrangements of the LGB&T+, BAME and Staff Disability networks with members to ensure they are able to contribute to and inform decision-making processes in the Trust NHS People Plan</p>	<p>Deputy Director of Workforce (Learning and OD)</p> <p>Deputy Director of Workforce (Learning and OD)</p> <p>Deputy Director of Workforce (Learning and OD)</p> <p>BAME Staff Network Chair</p> <p>Medical Staffing Manager and Consultant in Obstetrics and Gynaecology</p> <p>Executive Director of Workforce and Communications</p>	<ul style="list-style-type: none"> Interested staff invited to form a vegan staff network via Greensheet article September 2019 and contact facilitated between interested staff Network established and support ongoing. Open forum session on 2.9.20 to discuss WM2Y and WDES 2020. WRES results fed back at September 2019 core brief and via Greensheet. Staff invited to attend BAME open forum 9.10.19 but no interest from staff. Network set up in June 2020 WRES results fed back at September 2020 core brief and shared with BAME staff network. BAME staff network/committee established under leadership of Dr Ayush Sinha June 2020. Open forum session held with Chief Executive and Executive Directors 16.6.20 Induction guidelines and familiarisation process piloted since September 2019. Proposal being developed for the Trust to formally adopt the guidelines and process. People plan deadline December 2021
<p>6. Take action to support the mental health wellbeing of all staff</p>	<p>Provide access to training and awareness raising for managers and staff to support mental health wellbeing WDES & WRES</p>	<p>Clinical Education Lead, Nursing Directorate</p>	<ul style="list-style-type: none"> 2020 staff mental health awareness training/emotional first aid workshops postponed due to COVID-19. Three workshops booked for November and December 2020.

		<p>Clinical Psychologist a Lead for Staff Support Psychology Service, Deputy Director of Workforce (Learning and Organisation Development), Deputy Medical Director/ Lead Better Working Lives Group (BWLG)</p> <p>Deputy Medical Director/ Lead Better Working Lives Group (BWLG)</p>	<ul style="list-style-type: none"> • Business case for WSFT Staff Support Psychology service fast-tracked and implemented in response to COVID-19. Team of psychologists providing on-going support and training for staff and managers. • Provision of support to staff from BAME backgrounds in response to heightened vulnerability to COVID-19. Included involving representatives in discussions and decisions around provision of PPE, including ethnicity as an independent risk factor in the Individual Staff Risk Assessment for COVID-19 v5 onwards and successful bid for funding to recruit a psychologist to the Staff Support Psychology team to support staff from BAME backgrounds. This action supported physical health and mental wellbeing. • Wellbeing workshops for medical staff held in September 2019 and February 2020 organised by BWLG. Included sessions on emotional and mental health wellbeing and stress management as well as burnout, resilience and mindfulness.
<i>For patients, service users, carers and staff</i>			
<p>7. Promote a culture of inclusion in the delivery of care to all patients and staff</p>	<p>Engage with staff, patients and service users to explore potential of WSH chapel to ensure it is an inclusive space for all.</p> <p>Identify, share and celebrate existing good practice within the Trust.</p>	<p>Head of Patient Engagement</p> <p>Trust Librarian and Deputy Director of Workforce (Learning and OD)</p>	<ul style="list-style-type: none"> • Group established and Chaplaincy and pastoral care services survey issued via Greensheet 6.12.19. Paused during COVID-19 work restarted in September 2020. • Plans being developed for 'EDI Awareness Week September 2020' cancelled due to COVID-19. To review for 2021 or 2022.

	<p>Encourage staff to broaden their understanding of the lived experiences of others and celebrate all cultures represented at WSFT</p> <p>Improve accessibility for patients, carers and visitors</p> <p>Ensure every level of the workforce is representative of the overall BAME workforce. <i>NHS People Plan</i></p> <p>Improve the diversity of the Trust Board <i>WDES & WRES</i></p> <p>Develop Board members' understanding of the lived experience of minority and marginalised groups</p>	<p>Trust Librarian</p> <p>Lead Chaplain</p> <p>Head of Patient Engagement</p> <p>Executive Director of Workforce and Communications</p> <p>Trust Board Chair</p> <p>Trust Board Chair</p>	<ul style="list-style-type: none"> • The WSFT library invited staff to read beyond their experience through 'Books Beyond Borders' between Black History Month (October 2019) and LGBT+ History Month (February 2020). Staff were invited to read two or more books from the newly established equalities collection of books celebrating diversity in our society • The Chaplaincy team hosted celebrations of Eid at the end of Ramadan on 26 May and Eid al-Adha, the festival of sacrifice on 4 August in the Chapel garden. In August Muslim colleagues each bought a dish to share with others to celebrate the event. • 'Browsealoud' was installed on the WSFT website in February 2020. It allows the website to be converted into different accessible formats as well as translating it into other languages. The software can also convert the format of PDF documents and fully translate them into other languages. • 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 • Identify opportunities to increase diversity of executive and non-executive Trust Board membership • September 2020 patient story to be told by patient talking about his experience of care as a black man.
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<p>8. Tackle bullying and harassment of and by staff and support staff to respectfully and successfully challenge problem behaviours.</p>	<p>Implement the Trust 2019 Leadership Summit Action Plan to address poor behaviour and encourage staff to report it. WDES & WRES</p>	<p>All Trust Leaders (monitoring through Directorate Performance Review process)</p>	<ul style="list-style-type: none"> Plan being implemented – reviewed at PRM meetings in September and due for second review March 2020. Postponed due to COVID-19. To be reviewed in light of findings of 'What matters to you' staff engagement exercise October 2020.
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Workforce Race Equality Standard Report 2020

Name and title of board lead for WRES:	Jeremy Over, Executive Director of Workforce and Communications
Name, title and contact details of lead manager for compiling this report:	Denise Pora, Deputy Director of Workforce (Learning and Organisation Development) denise.pora@wsh.nhs.uk
Name of commissioner this report has been sent to:	Giles Turner, Human Resources Business Partner, West Suffolk CCG
This report was signed off by the Trust Board on:	2 nd October 2020
Total Number of staff at 31.3.19 (permanent, fixed term and bank staff):	5271
Proportion of BME staff employed within the trust at 31.3.20:	12.8% (10.9% 2019)
Period this data refers to:	31 March 2020
Workforce Race Equality Standard Indicators	
Actions to address areas for improvement are included in the Trust's Inclusion Action Plan 2019 – 21 as indicated below.	
Relative likelihood of staff being appointed from shortlisting across all posts	<p>2018 = shortlisted white candidates 1.60 times more likely to be appointed than BME candidates</p> <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 more likely to be appointed than white candidates)</p> <p>NB: in 2019/20 there was significant recruitment from overseas. These were nursing staff from the Philippines and appointment to trust grade doctor posts which tend to attract applicants from overseas.</p> <p>Inclusion Action Plan 2019 – 2021: action under objectives 2 and 3.</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>2018 = BME staff less likely than white staff to enter the formal disciplinary process (0.29)</p> <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>NB: the numbers involved are very small. The numbers of BME staff entering the formal disciplinary process were: 2018 – 1, 2019 – 3, 2020 - 1</p>

<p>Relative likelihood of staff accessing non-mandatory training and CPD</p>	<p>2018 = White staff less likely to access non-mandatory training and CPD compared to BME staff (0.63)</p> <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> <p>NB: The relatively high proportion of BME staff who are doctors may impact on this indicator i.e. medical staff generally have greater access to non-mandatory training and CPD than other staff groups.</p>			
<p>National NHS Staff Survey 2019 Indicator Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months</p>		2017	2018	2019
	White	26.5	26.7	25.1
	BME	41.9	20.5	27.9
	<p>Inclusion Action Plan 2019 – 2021: action under objectives 5 and 8</p>			
<p>National NHS Staff Survey 2019 Indicator Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months</p>		2017	2018	2019
	White	18.5	22.9	21.5
	BME	29.5	34.1	21.9
	<p>Inclusion Action Plan 2019 – 2021: action under objectives 5 and 8</p>			
<p>National NHS Staff Survey 2019 Indicator Percentage believing that the trust provides equal opportunities for career progression or promotion</p>		2017	2018	2019
	White	88.8	90.0	89.6
	BME	81.8	78.6	84.9
	<p>Continue to work to ensure all staff receive at least annual appraisal and have access to information about career development opportunities and Inclusion Action Plan 2019 – 2021: action under objective 5</p>			
<p>National NHS Staff Survey 2019 Indicator Percentage staff personally experienced discrimination at work for manager/team leader or other colleague</p>		2017	2018	2019
	White	5.5	6.6	5.7
	BME	15.9	11.4	11.9
	<p>Inclusion Action Plan 2019 – 2021: action under objectives 5 and 8</p>			
<p>Percentage difference between the organisations' board voting membership and its overall workforce</p>	2018	2019	2020	
	White +16.7%	White +16.6%	White +11.00%	
	BME -10.2%	BME -10.9%	BME -12.8%	
	<p>The Trust board voting membership on 31.3.20 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.</p>			

Workforce Disability Equality Standard Report 2020

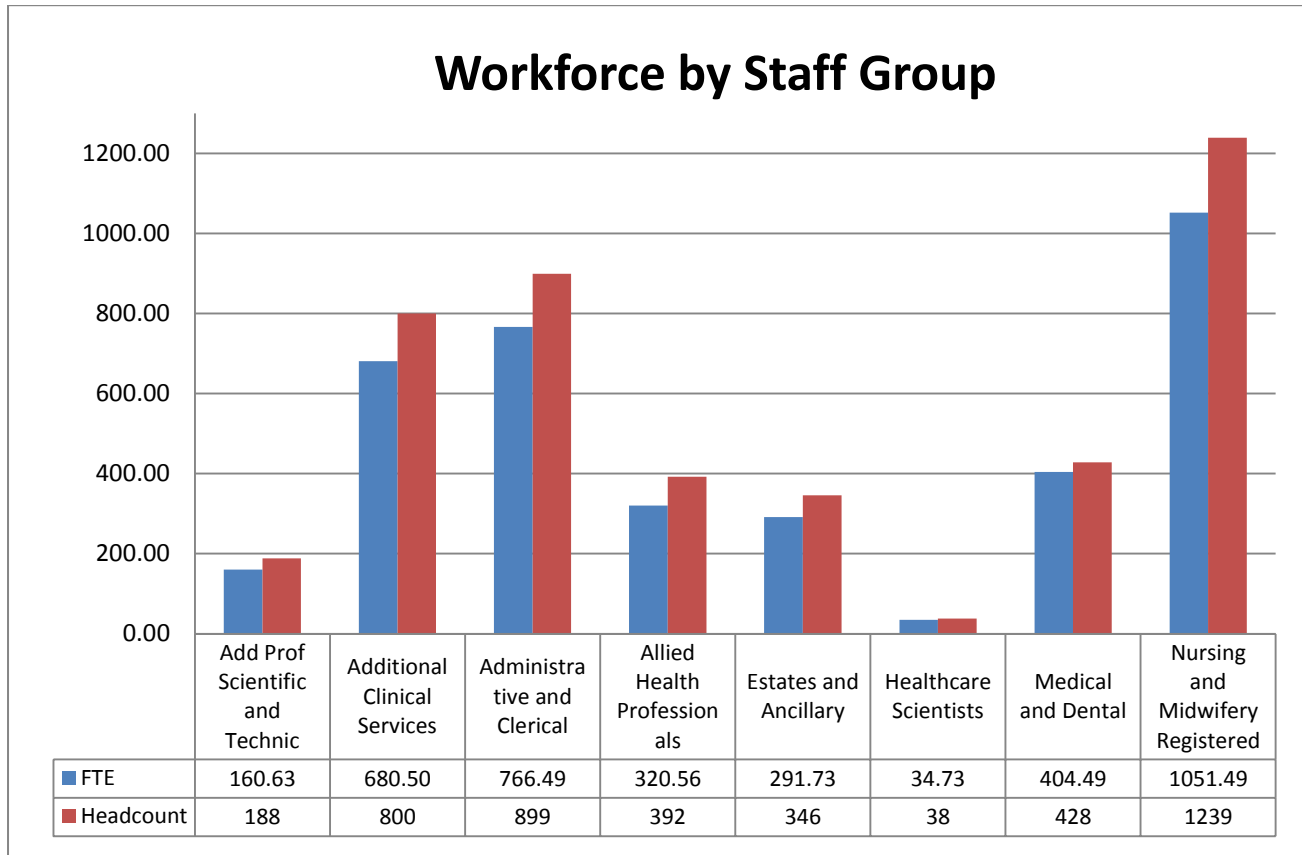
Name and title of board lead for WRES:	Jeremy Over, Executive Director of Workforce and Communications
Name, title and contact details of lead manager for compiling this report:	Denise Pora, Deputy Director of Workforce (Learning and Organisation Development) denise.pora@wsh.nhs.uk
Name of commissioner this report has been sent to:	Giles Turner, Human Resources Business Partner, West Suffolk CCG
This report was signed off by the Trust Board on:	2 nd October 2020
Total Number of staff at 31.3.20 (permanent, fixed term and bank staff):	5271 (4936 2019)
Proportion of disabled staff employed within the trust at 31.3.20:	3% (3% 2019)
Period this data refers to:	31 March 2020
Workforce Disability Equality Standard Indicators	
Actions to address areas for improvement are included in the Trust's Inclusion Action Plan 2019 to 21 as indicated below.	
Relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all post.	1.46 non-disabled staff are more likely to be appointed than disabled staff from shortlist. (1.03 2019) Inclusion Action Plan 2019 to 2021: action under objectives 3 and 4
Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	0.32 disabled staff are less likely to enter the formal capability process than non-disabled staff. (no disabled staff entered the formal capability process in 2019)
	Inclusion Action Plan 2019 to 2021: action under objectives 5 and 6
National NHS Staff Survey 2019 Indicator Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	Disabled 30.7% (23.9% 2018)
	Non-Disabled 24.4% (26.7% 2018)
	Inclusion Action Plan 2019 to 2021: action under objectives 3 and 8
National NHS Staff Survey 2019 Indicator Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months	Disabled 16.8% (14.8% 2018)
	Non-Disabled 9% (10.4% 2018)
	Inclusion Action Plan 2019 to 2021: action under objectives 3 and 8
National NHS Staff Survey 2019 Indicator Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	Disabled 23.5% (20.4% 2018)
	Non-Disabled 15.8% (18.4% 2018)
	Inclusion Action Plan 2019 to 2021: action under objectives 3 and 8

National NHS Staff Survey 2018 indicator 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.	Disabled 44% (28.2% 2018)
	Non-Disabled 45.5% (42.4% 2018)
	Inclusion Action Plan 2019 to 2021: action under objective 8
National NHS Staff Survey 2018 Indicator Percentage believing that the trust provides equal opportunities for career progression or promotion	Disabled 84.3% (83.8% 2018)
	Non-Disabled 90.0% (90.2% 2018)
	Inclusion Action Plan 2019 to 2021: action under objective 3
National NHS Staff Survey 2018 Indicator 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	Disabled 25.1% (21.7% 2018)
	Non-Disabled 17.7% (18.0% 2018)
	Inclusion Action Plan 2019 to 2021: action under objective 3
National NHS Staff Survey 2018 Indicator Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	Disabled 51.8% (45.9% 2018)
	Non-Disabled 59.7% (55.8% 2018)
	Inclusion Action Plan 2019 to 2021: action under objectives 3 and 5
National NHS Staff Survey 2018 Indicator Percentage of disabled staff saying their employer has made adequate adjustment(s) to enable them to carry out their work	82.1% (82.7% 2018)
	Inclusion Action Plan 2019 to 2021: action under objectives 4 and 6
National NHS Staff Survey 2018 Indicator The staff engagement score for disabled staff, compared to non-disabled staff and the overall engagement score of the organisation	Disabled 7.2 (7.1 2018)
	Non-Disabled 7.6 (7.5 2018)
	Overall all staff Trust score 7.5 National average score for comparable Trusts 7.1 Inclusion Action Plan 2019 to 2021: action under objective 3
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
	Inclusion Action Plan 2019 to 2021: action under objective 4

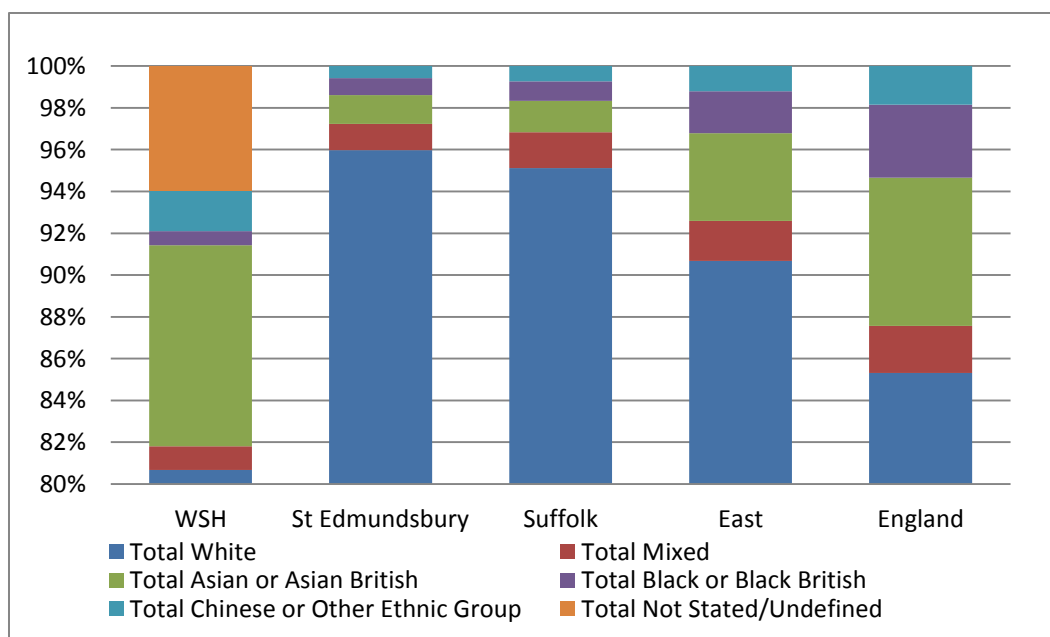
WSFT equality and diversity profile 31 March 2020

Workforce by staff group

The Trust's total headcount as of 31 March 2020 was approximately 4330. 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.

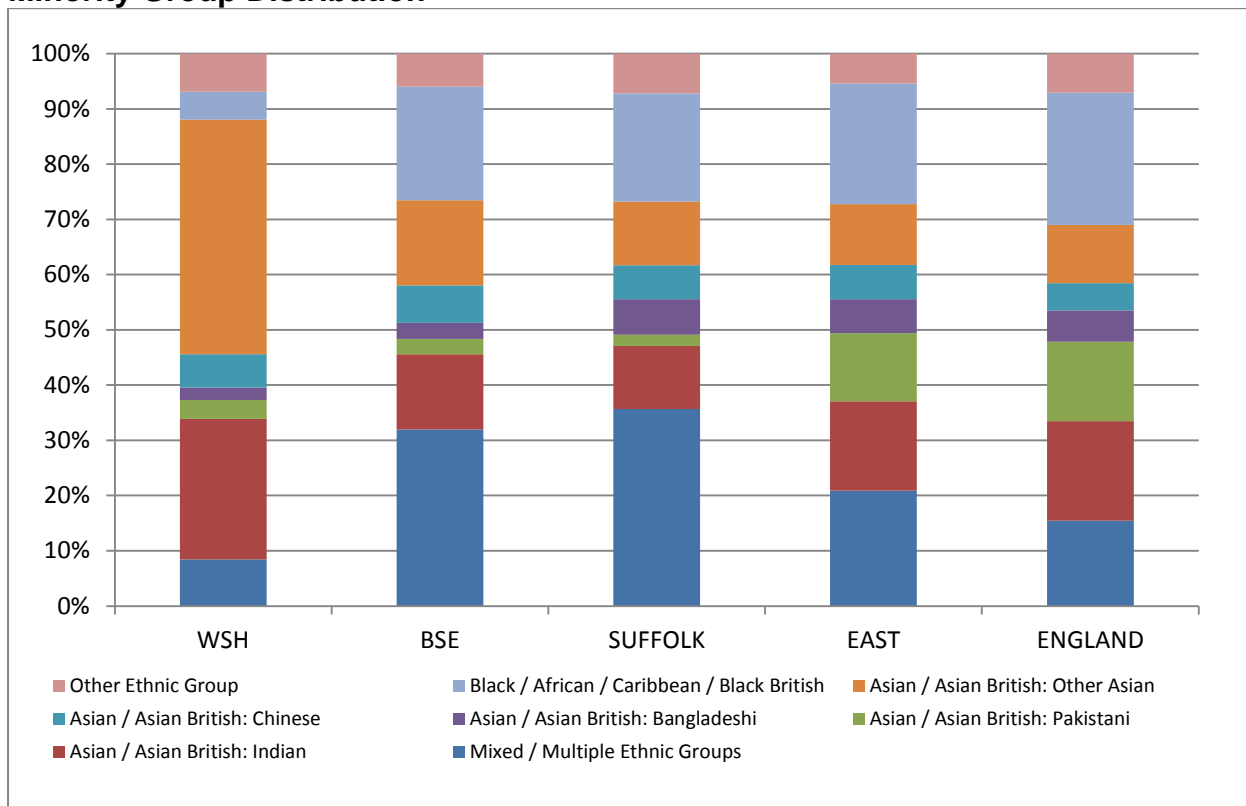


Population ethnicity



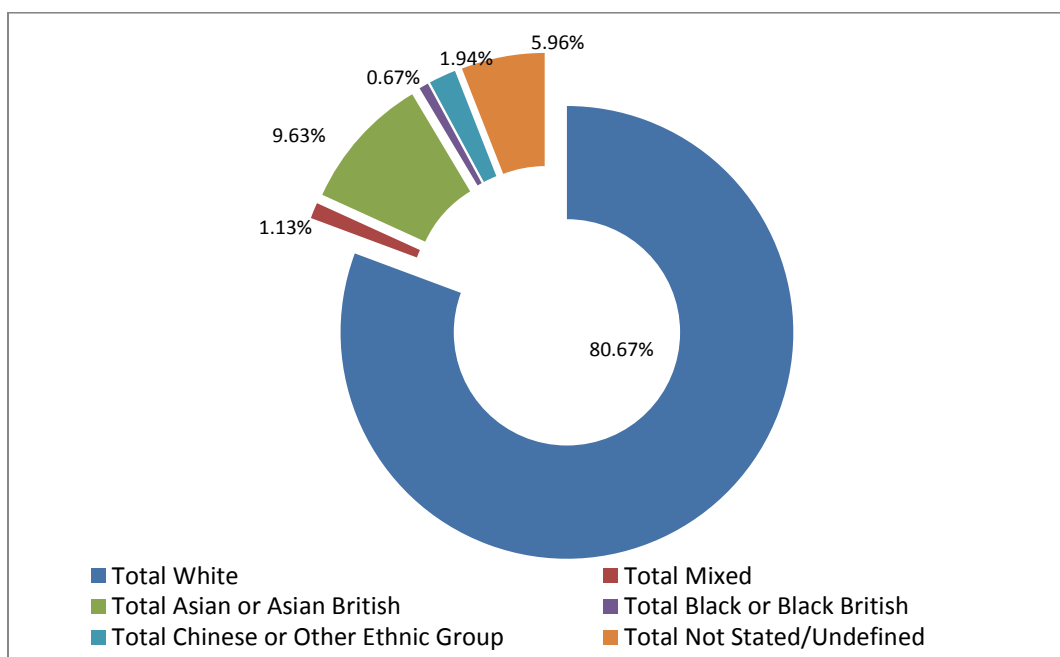
The chart above compares the overall ethnic profiles for the Trust, Bury St Edmunds, Suffolk, East of England and England as a whole. The Trust appears more diverse than the immediate local areas, however slightly less diverse when compared with England as a whole, with the exception of the Asian groups.

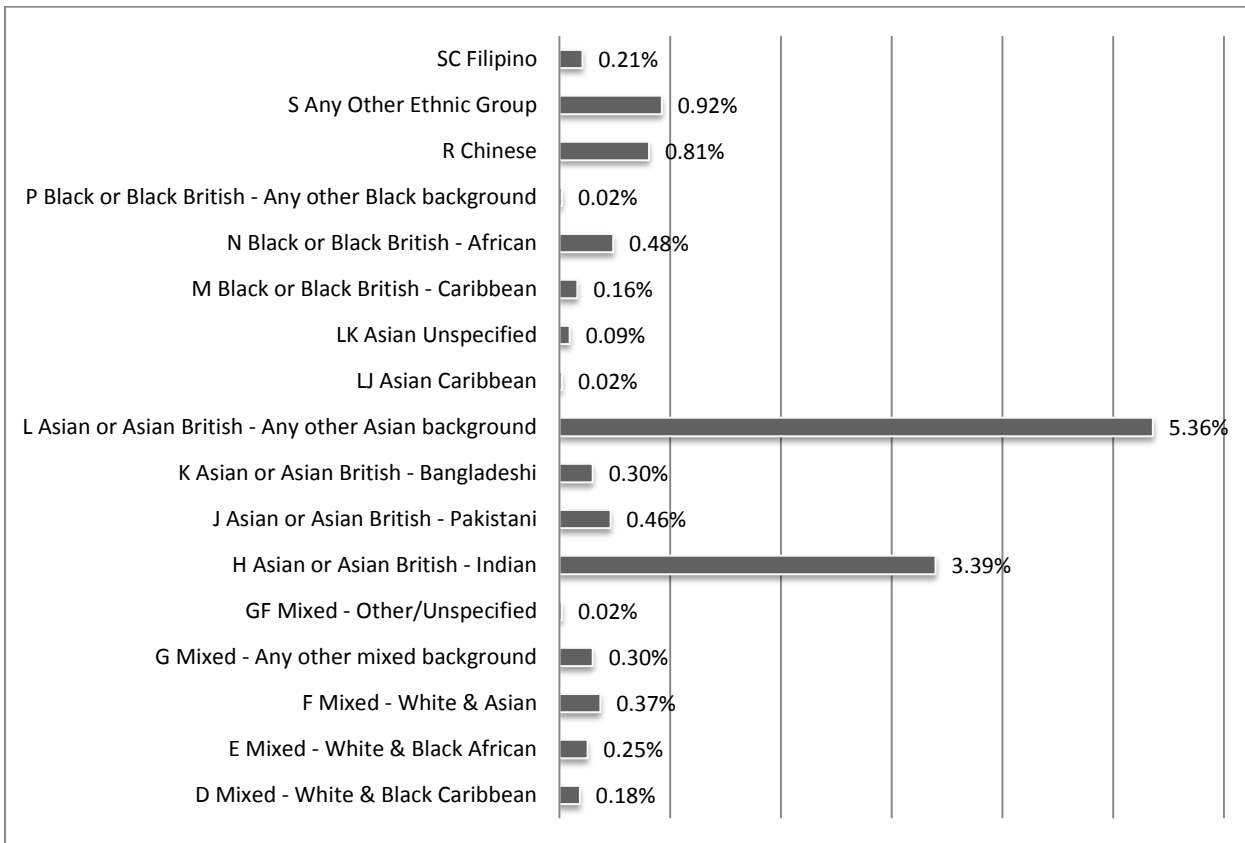
Minority Group Distribution



Workforce ethnicity breakdown

Overall, 13.3% of those staff choosing to disclose their ethnicity stated they were from a minority ethnic group. Currently 94% of the workforce has chosen to disclose their ethnicity.

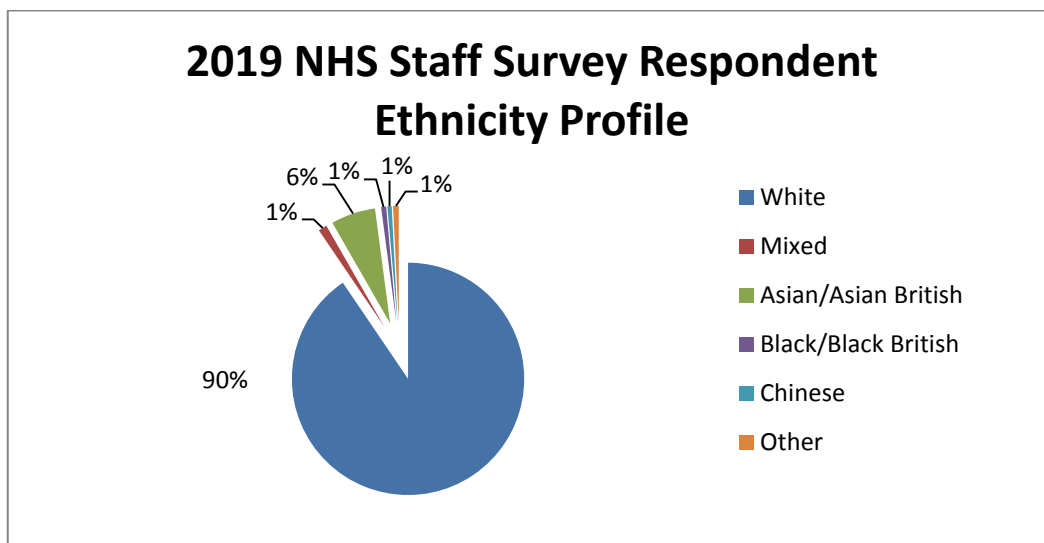




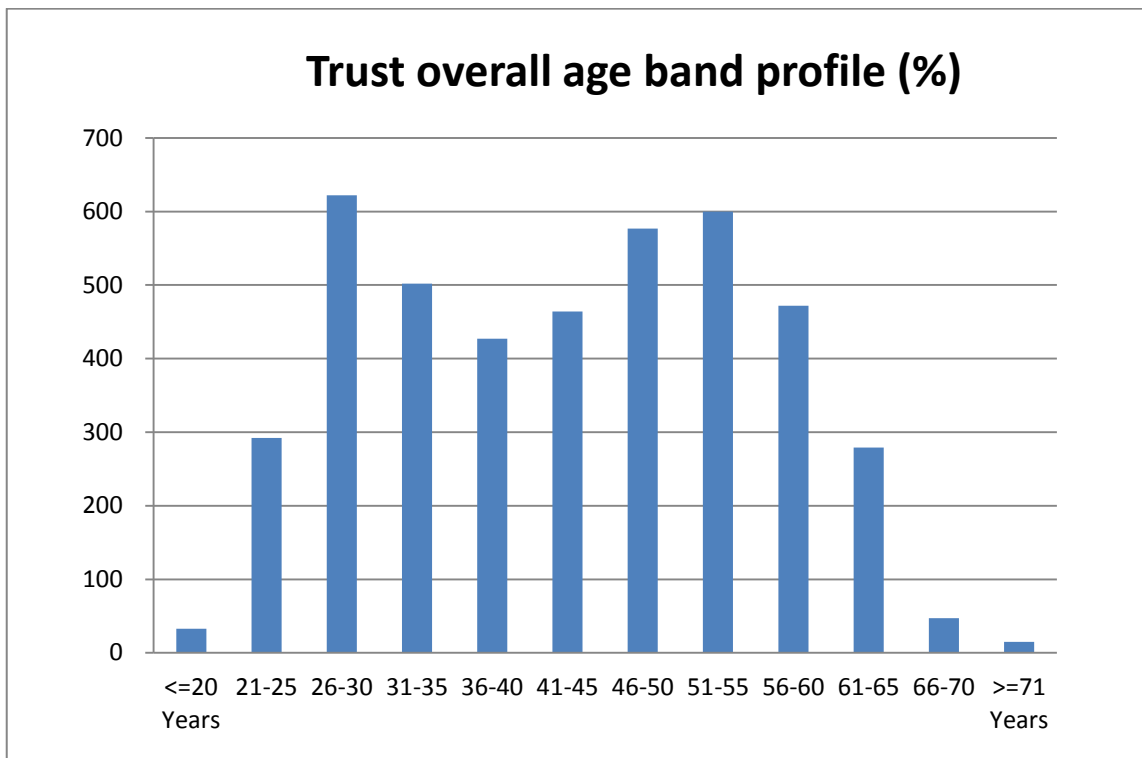
Staff Survey sample – ethnicity

From a census of all eligible staff, 2077 employees responded to the Trust Staff Survey in 2019, giving a total response rate of 51.8% - above the Picker Institute average for Acute Trusts of 47.5%.

The chart below shows how our staff respondents described their ethnic background when completing the survey. In total 90% were recorded as white groups and 9.5% recorded as minority groups.



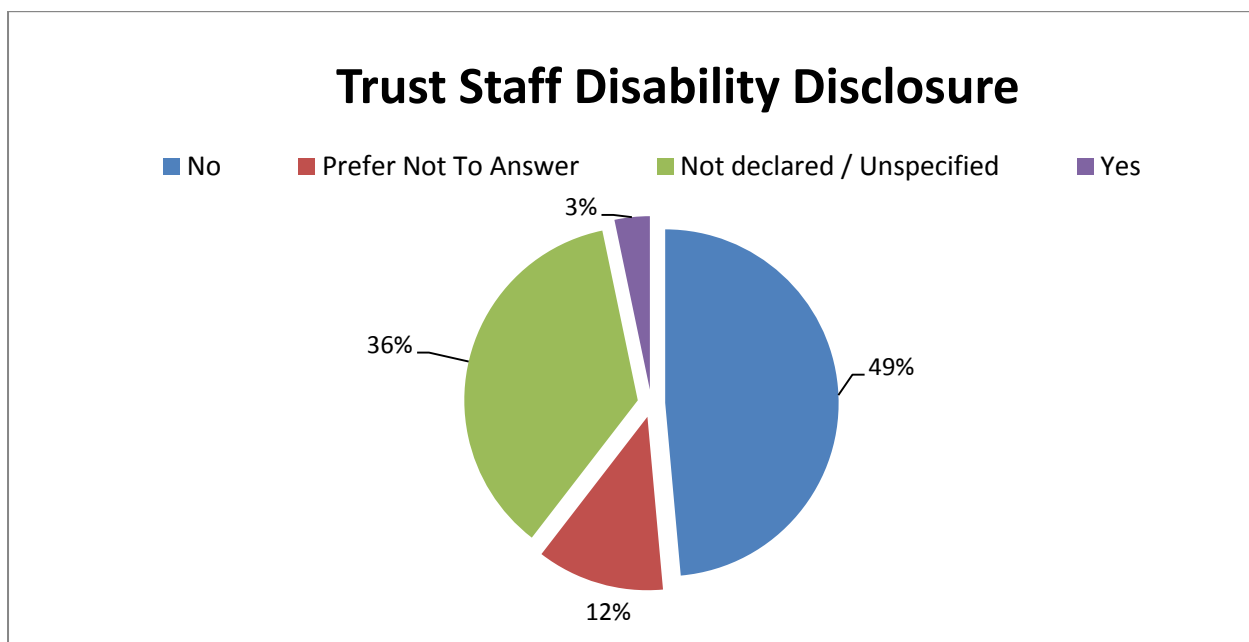
Age profile



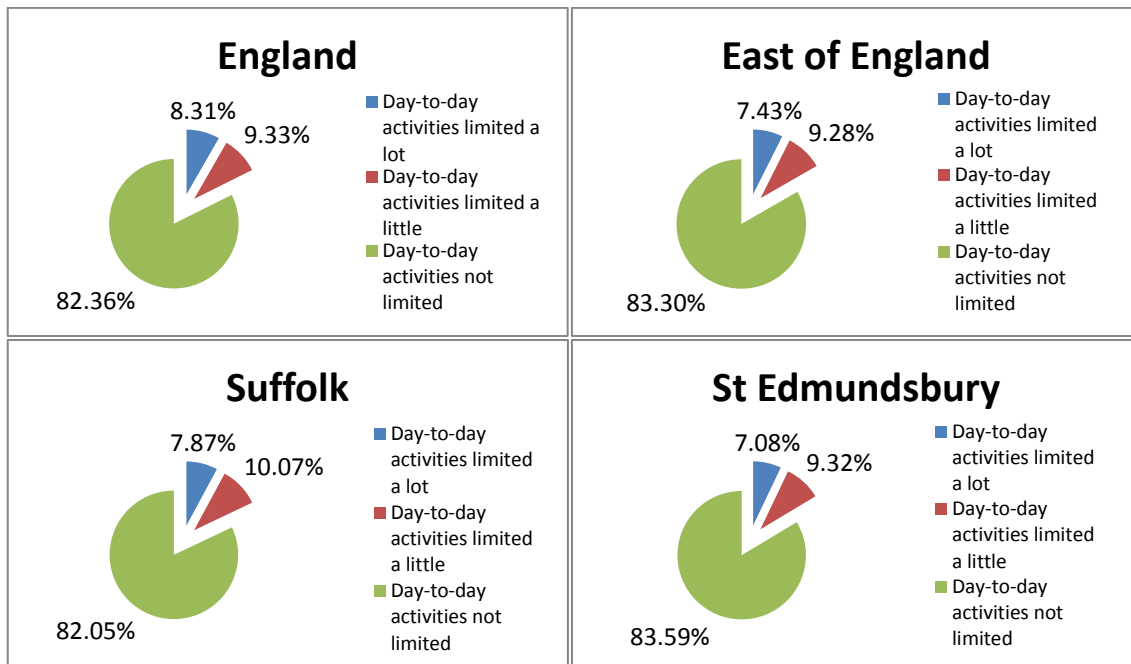
The average age for staff within the Trust is 44 years old. For female staff it is 44 and for male staff, 42.

Disability

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

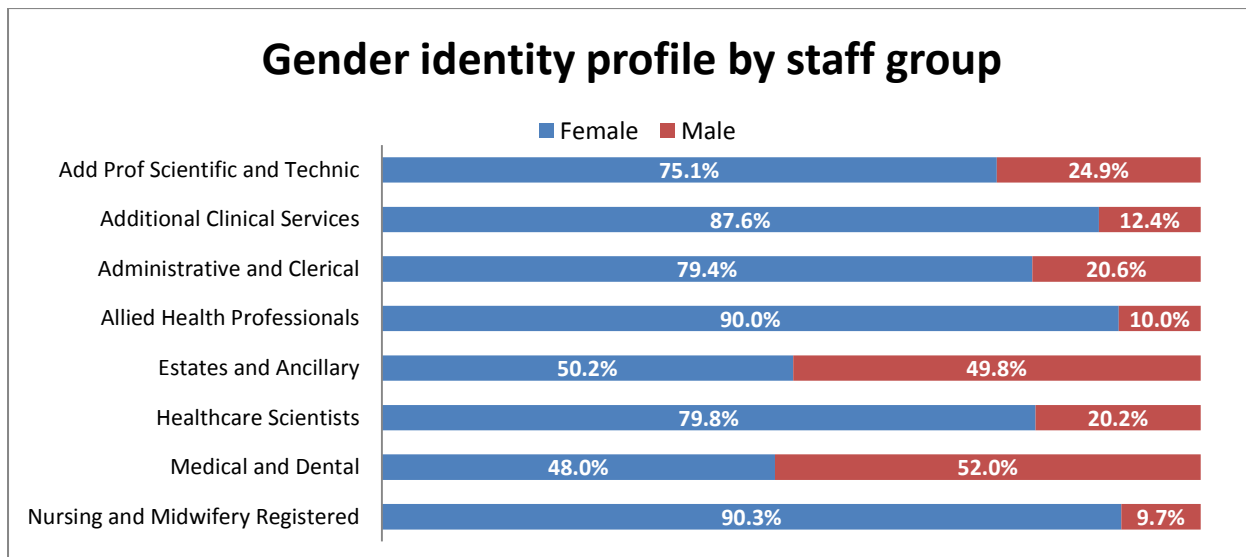


The data below shows the comparison between the locality, region and country as a whole in terms of the number of people who have either no disability/limitation with day-to-day activities, limited or more limited activity.



Gender identity

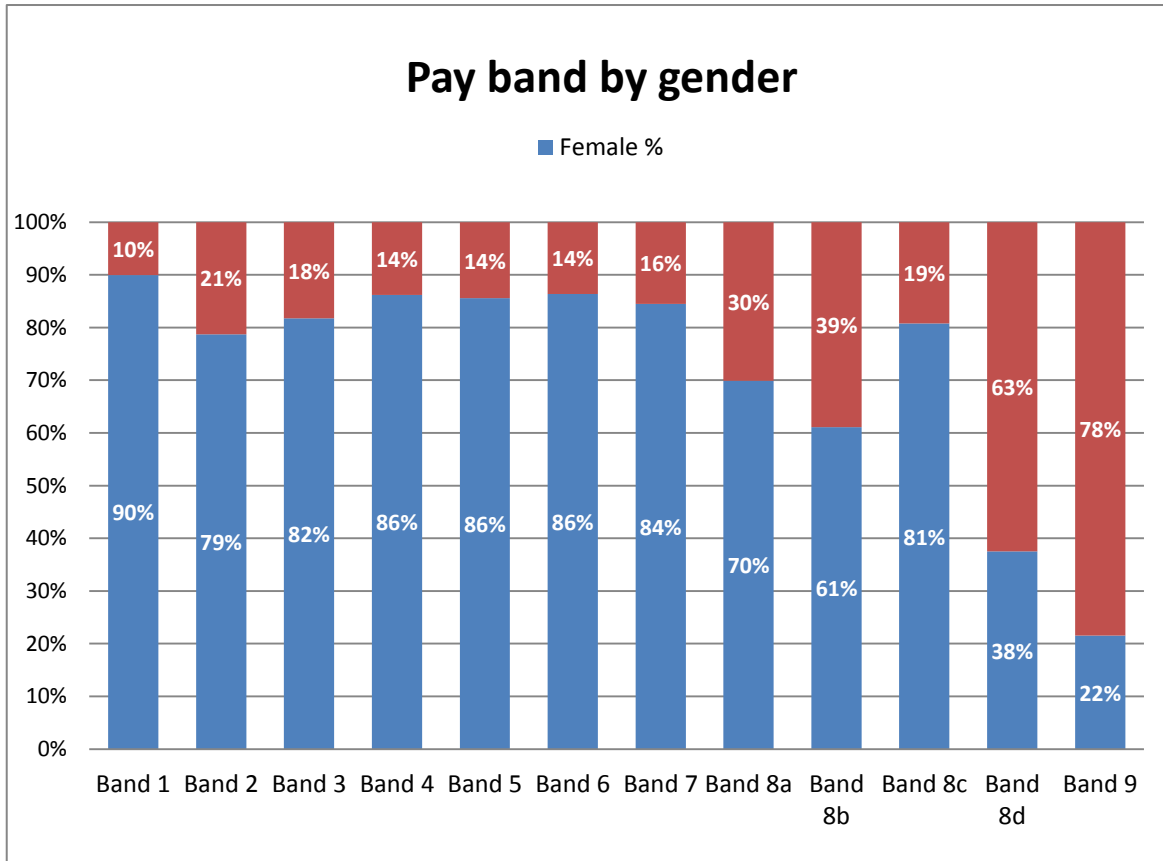
The gender split of the workforce remains reasonably constant; it comprises 79% female staff and 21% male staff. A similar distribution was seen amongst the respondents to the Trusts 2019 Staff Survey, with the inclusion of 0.1% of respondents preferring to self-describe and 2.3% of respondents preferring not to state.



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.

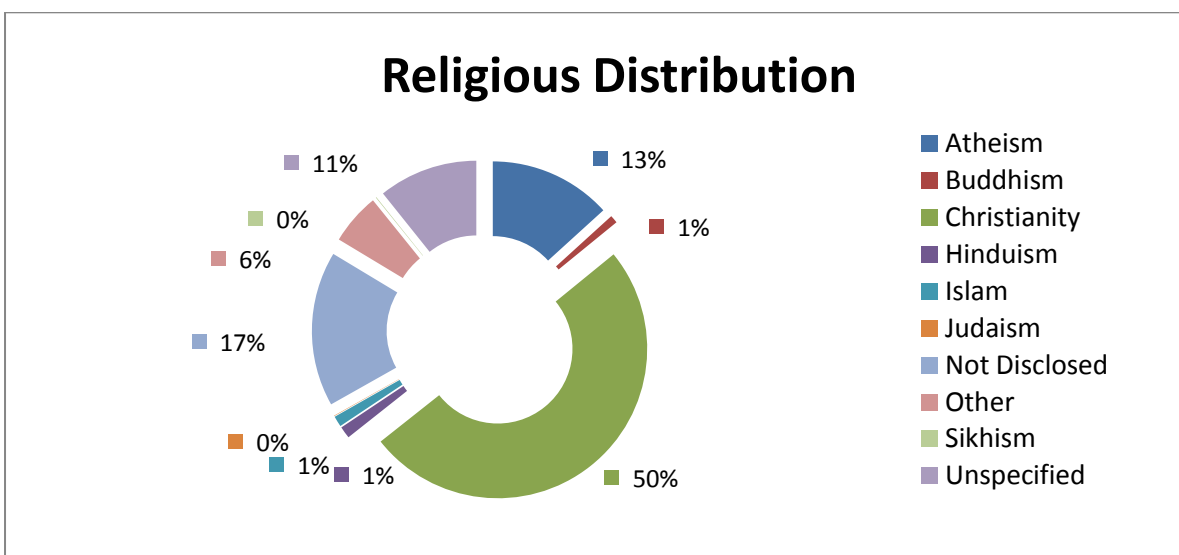
Pay

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.



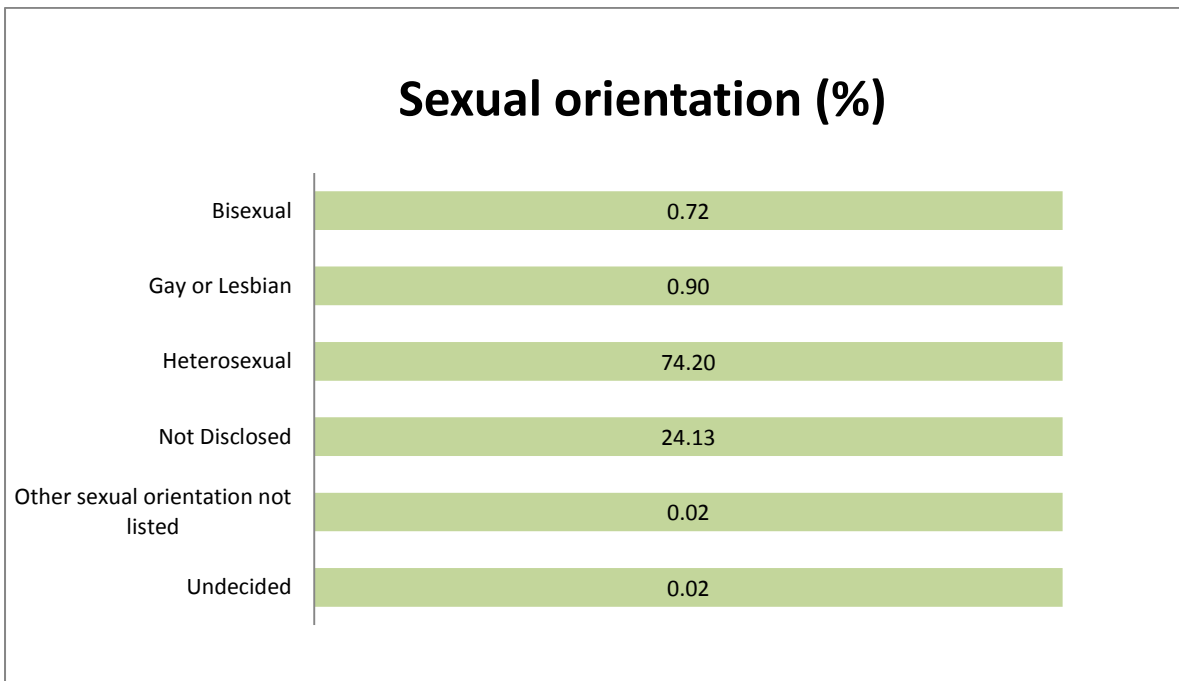
Religion and belief

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



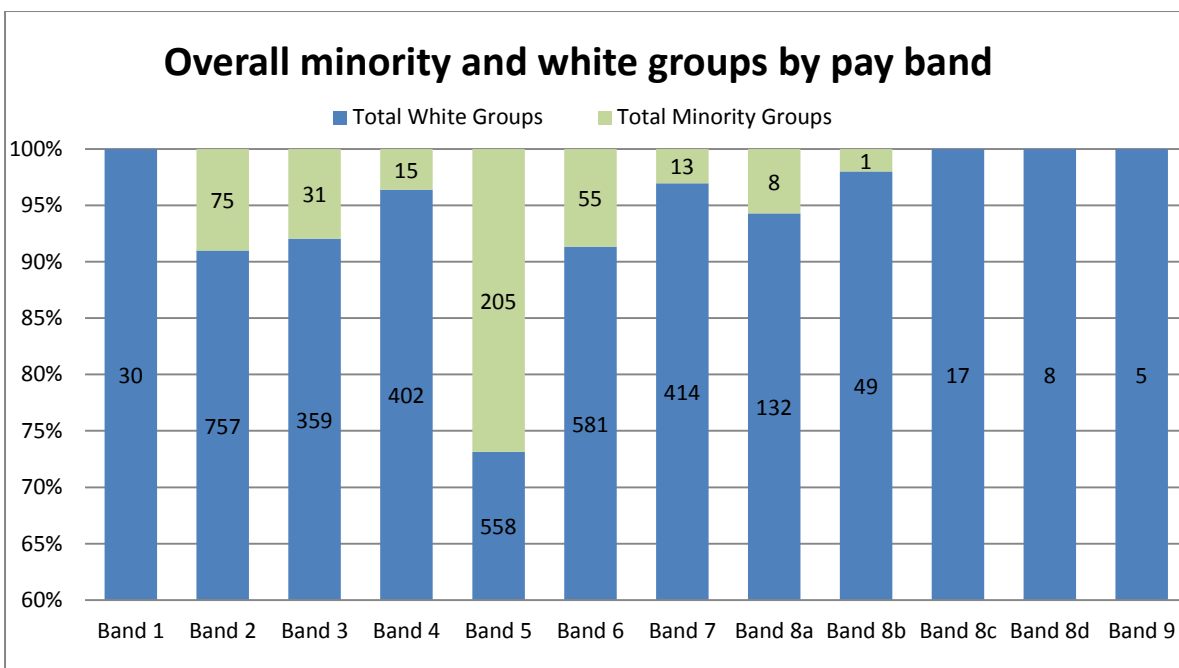
Sexual orientation

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.

Performance Management

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 monitored are age, ethnicity, gender and disability to identify any trends that may indicate discrimination. Sickness absence is monitored separately.

In 2019/2020 the Trust conducted a total of 52 formal investigations split into the categories listed in the table below.

	2019/20	2018/19	2017/18
Disciplinary	27	37	29
Capability	7	2	5
Grievance	13	8	4
Bullying and harassment	5	1	2
TOTAL	52	48	40

Our analysis shows that 43 of the cases listed above involved people of White British or White European/White Other ethnicity. Eight members of staff were Filipino and one was of Black African ethnicity. One person had a disability and the age range of staff was from 23 years old to 63 years old.

Disciplinary Cases 27

Male = 6

Female = 20

One case that involved both male and female employees

Disability = None

Dismissed = 3 all-female, White British – one case was overturned on appeal

Resigned before hearing = 2

On hold due to Covid-19 = 2

Ethnicity = White British = 24 Filipino = 3

Age range = 30 years old to 63 years old

Capability Cases 7

Male = 2

Female = 5

Disability = 1

Dismissed = 1

Resigned before hearing = 3

On hold due to Covid-19 = 1

Ethnicity = White British = 5 Filipino = 2

Age range = 28 years old to 54 years old

Grievance Cases 13

Male = 7

Female = 6

Disability = None

Dismissed = None

Resigned before hearing = 2 and 1 left under a COT3 Agreement

On hold due to Covid-19 = None

Ethnicity: White British = 11, Filipino = 1 Black African = 1

Age range = 23 years old – 63 years old

Bullying & Harassment 5

Male = 1

Female = 4

Disability = None

Dismissed = None
Resigned before hearing = None
On hold due to Covid-19 = None
Ethnicity: White British = 3 Filipino = 2
Age range = 34 years old – 51 years old

We have identified that staff from the Philippines are disproportionately represented in HR cases -15% of cases involved staff from the Philippines whilst they represent only 3% of our workforce. As a result we will be undertaking a review of previous disciplinary, grievance, capability and bullying and harassment cases, involving Filipino colleagues, including outcomes. Going forward we are exploring how we can look at potential formal HR processes involving staff from the Philippines through a cultural lens. This process will involve discussion with our Filipino workforce.

Data sources for this report

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

Standard workforce figures for staff groups as at 31-March-2020

Trust diversity statistics as at 31-March-2020, for protected characteristics

Office for National Statistics (ONS)

Census information 2011

Population ethnicity profile 2011