

Introduction

The Workforce Race Equality Standard (WRES) summary report and the Workforce Disability Standard (WDES) infographic, both covering 2022/23, have recently been published. This summary draws out the main areas of focus as outlined in these documents, noting that there are significant areas of overlap and some areas of difference.

What we are doing well

The main area of best performance identified within WRES centred on career progression and promotion for colleagues in non-clinical roles. Race disparity for non-clinical staff on AfC pay bands with a score of 1.0 would indicate equity, a number larger than 1.0 indicates BME colleagues are disadvantaged:

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| ➤ Lower to upper levels = 1.11 | <i>WSFT better than 78% of Trusts</i> |
| ➤ Middle to upper levels = 0.87 | <i>WSFT better than 88% of Trusts</i> |
| ➤ Lower to middle levels = 0.97 | <i>WSFT better than 98% of Trusts</i> |

An area of strength for both WRES (Indicator 2) and particularly WDES (Metric 2) was the likelihood of being appointed from shortlisting, where a score of 1.0 indicates equity:

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| ➤ White to BME candidates = 1.22 | <i>WSFT better than 87% of Trusts</i> |
| ➤ Non-disabled to disabled candidates = 0.39 | <i>Percentile rank 4 nationally</i> |

Metric 1: Disabled representation in the workforce (medical/dental) was also highlighted as being a strength within WDES priorities, with the Trust being in the top 10% nationally, ranked at 21.

What we need to improve

In priority order, the headlines for improvement across WRES and WDES reports are:

1. Career progression and promotion for clinical colleagues (Indicator 1)
2. Discrimination at work (Indicator 8)
3. Bullying and harassment (from patients, relatives, public) (Indicator 5)
4. Bullying and harassment (from line managers and colleagues) (Metric 4b/c)
5. Valuing the work of disabled colleagues (Metric 7)
6. Engagement of disabled colleagues (Metric 9a)
7. Equal opportunities for career progression and promotion (Indicator 7)
8. Board representation (Indicator 9 / Metric 10)

A review of both reports also suggests that there are particular staff groupings who report high levels of inequity and therefore may need additional targeted interventions. These include:

- Nurses and midwives
- Healthcare assistants (HCAs)
- Medical and dental
- Allied health professionals (AHPs)

It should also be noted that for some data points in the groups above show higher levels of reporting for women than men.

Actions stated may be repeated under differing themes. This highlights the significant inter-relationship of many of these areas and how we are taking action to address these in an integrated way.

Evidence and planned actions within our Inclusion workplan

1. Career progression and promotion for clinical colleagues (Indicator 1)

Race disparity ratios for clinical staff on AfC pay bands with a score of 1.0 would indicate equity, a number larger than 1.0 indicates BME colleagues are disadvantaged:

- Lower to upper levels= 7.13
- Middle to upper levels = 2.52
- Lower to middle levels= 2.83

Action ID 3.5: Draft proposals for a reverse mentoring programme

Action ID 3.13: Use the new portal, comms messages and the REACH network to actively encourage participation of BAME staff in NHS Leadership Academy programmes

Action ID 3.15: Ensure our BAME staff have equitable access to Apprenticeships and encourage staff within the REACH network and beyond to consider a broad range of apprenticeships

Proposed further actions: we need some more actions that are specifically for clinical staff that seek to address this disparity.

2. Discrimination at work (Indicator 8)

- Significantly higher for BME staff (17.6%) than White staff (7.0%)
- When data is disaggregated further amongst BME staff:
 - White 'other'= 14% (quite high)
 - Asian= 23% (high)
 - Black= 19% (high)
- When data is disaggregated by ethnicity and gender:
 - BME women= 18% (high)
 - BME = 16% (quite high)
- When data is disaggregated by ethnicity and occupation:
 - BME nurses and midwives= 23% (very high)
 - White nurses and midwives= 6%

Action ID 1.21: Create an Inclusion Strategy using the quantitative and qualitative data available and collected across WSFT. Regularly review this strategy to improve race equality, diversity and inclusion so that WSFT reflects the community it serves

Action ID 2.3: Collaborate with FTSU to investigate the issues highlighted around bullying. Use this to guide training and resources around anti-racism and bullying at WSFT. Communicate Trust wide that these concerns have been heard and highlight any actions taken

Action ID 2.10: Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff

Action ID: 2.11: Have mechanisms to ensure staff who raise concerns are protected by their organisation

Action ID 2.15: Collaborate with the wellbeing lead in the REACH network to develop a collection of wellbeing resources and support for BAME colleagues within the Trust

Action ID 3.6: Collaborate with staff networks curate engaging and informative resources for the EDI section of the Learning Hub. These resources should cover topics such as; anti-racism, allyship, inclusive leadership, to name a few.

Action ID 3.7: Develop Inclusive leadership training sessions and resources, including how to challenge racism, recognise the impact of racism on wellbeing and champion a racially diverse workforce

Action ID 3.8: Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety

Action ID 3.9: Ensure international recruits have access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression.

Action ID 3.10: Develop an allyship training programme for all colleagues at WSFT so that there is an understanding of what it means to be an ally and the behaviours that go with allyship

Action ID 3.11: Investigate the introduction of EDI Champions at WSFT.

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| <ul style="list-style-type: none">3. Bullying and harassment (from patients, relatives, public) (Indicator 5)4. Bullying and harassment (from line managers and colleagues) (Metric 4b/c) |
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Whilst the evidence for these indicators/metrics relate to differing aspects of bullying and harassment, many of the actions to resolve are shared, so these are shown together in this section.

Indicator 5 relates to the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months:

- Significantly higher for BME staff (30.9%) than White staff (24.6%)
- When data is disaggregated amongst BME staff:
 - White 'other' = 35% (quite high)
 - Asian = 31% (quite high)
 - Black = 29%
- When data is disaggregated by ethnicity and gender:
 - White women = 26%
 - BME women = 33% (quite high)
 - White men = 16%
 - BME men = 21%

Metric 4b/c relates to the percentage of staff experiencing harassment, bullying or abuse from line managers and colleagues in the last 12 months:

Line managers:

- Significantly higher for disabled colleagues (14.2%) than non-disabled colleagues (9.9%)

Colleagues:

- Significantly higher for disabled colleagues (25.8%) than non-disabled colleagues (16.8%)

Trend data over the last five years also suggests the gap size remains similar over this period, so action is required to reduce this moving forward.

Action ID 2.3: Collaborate with FTSU to investigate the issues highlighted around bullying. Use this to guide training and resources around anti-racism and bullying at WSFT. Communicate Trust wide that these concerns have been heard and highlight any actions taken

Action ID 2.4: Support the rollout and use of the Management of Unacceptable Behaviour (Zero Tolerance) policy across WSFT so that colleagues know how to implement the policy when dealing with harassment, bullying or abuse

Action ID: 2.5: Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence. Ensure that there is appropriate psychological support in place for colleagues experiencing discrimination on the grounds of their race, disability or other protected characteristic

Action ID 2.10: Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff

Action ID: 2.11: Have mechanisms to ensure staff who raise concerns are protected by their organisation

Action ID 2.15: Collaborate with the wellbeing lead in the REACH network to develop a collection of wellbeing resources and support for BAME colleagues within the Trust

Action ID 3.7: Develop inclusive leadership training sessions and resources, including how to challenge racism and ableism, recognise the impact of racism and ableism on wellbeing and champion a diverse workforce.

Action ID 3.10: Develop an allyship training programme for all colleagues at WSFT so that there is an understanding of what it means to be an ally and the behaviours that go with allyship.

Action ID: 3.11: Investigate the introduction of EDI Champions at WSFT.

Proposed further actions: enhance communication of 'zero tolerance approach' to patients, relatives and the public through posters, leaflets etc outlining that racial harassment, bullying and abuse will not be tolerated.

5. Valuing the work of disabled colleagues (Metric 7)

This indicator relates to the extent to which the Trust values the work of disabled colleagues in the last 12 months:

- Significantly lower for disabled colleagues (34.7%) than non-disabled colleagues (45.0%)

Trend data over the last five years also suggests the gap size remains similar over this period, so action is required to reduce this moving forward.

Action ID 1.3: Strengthen the governance Framework of reasonable adjustments

Action ID 3.1: Work with the Disability network to finalise a guidance pack for reasonable adjustments

Action ID 3.3: Review mandatory training and create additional resources to ensure reasonable adjustments are understood Trust wide

Action ID 2.8: Support the scoping, development and implementation of a disability/health passport

Action ID 2.13: Develop proposals for a diversity & wellbeing festival or conference

Action ID 2.18: Develop clearer principles for managers and staff around agile, hybrid, flexible and remote working

Action ID 3.4: Promote the visibility of leaders with a disability through effective campaigns. Promote leadership and career development opportunities that are accessible and available for all staff, and signpost to external programmes that provide leadership development programmes for disabled people, such as Calibre.

Action ID 3.6: Collaborate with staff Networks curate engaging and informative resources for the EDI section of the Learning Hub. These resources should cover topics such as; anti-racism, allyship, identifying and tackling ableism and inclusive leadership, to name a few.

Action ID 3.7: Develop Inclusive leadership training sessions and resources, including how to challenge racism and ableism, recognise the impact of racism and ableism on wellbeing and champion a diverse workforce

Action ID 3.10: Develop an allyship training programme for all colleagues at WSFT so that there is an understanding of what it means to be an ally and the behaviours that go with allyship.

Action ID: 3.11: Investigate the introduction of EDI Champions at WSFT.

6. Engagement of disabled colleagues (Metric 9a)

This metric relates to the extent to which disabled colleagues felt engaged in the last 12 months:

- Significantly lower for disabled colleagues (6.54) than non-disabled colleagues (6.99)

Trend data over the last five years also suggests the gap size has fluctuated slightly although in general remains similar over this period, so action is required to reduce this moving forward.

Action ID 3.1: Work with the Disability network to finalise the guidance pack for reasonable adjustments

Action ID 3.4: Promote the visibility of leaders with a disability through effective campaigns. Promote leadership and career development opportunities that are accessible and available for all staff, and signpost to external programmes that provide leadership development programmes for disabled people, such as Calibre.

Action ID 3.5: Draft proposals for a reverse mentoring programme.

Action ID 3.6: Collaborate with staff Networks curate engaging and informative resources for the EDI section of the Learning Hub. These resources should cover topics such as; anti-racism, allyship, identifying and tackling ableism and inclusive leadership, to name a few.

7. Equal opportunities for career progression and promotion (Indicator 7)

This action relates to the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion:

It firstly appears similar between BME (49.5 %) and White staff (55.7%). However, when the data is further disaggregated between BME staff, there is a significant difference between Black (29%) and Asian staff (50%). For Black staff, this is significantly lower than last year, and the lowest percentage in at least 3 years.

This highlights the importance of understanding that BME is an umbrella term. 'BME' does not represent one monolithic group and there are often significant differences in outcomes and experiences between 'BME' ethnic groups.

Action ID 3.13: Use the new portal, comms messages and the REACH network to actively encourage participation of BAME staff in NHS Leadership Academy programmes

Action ID 3.15: Ensure our BAME staff have equitable access to Apprenticeships and encourage staff within the REACH network and beyond to consider a broad range of apprenticeships

Proposed further actions: consult with Black and Asian staff via the REACH network to establish the type of support that would be valuable to aid career progression or promotion.

8. Board representation (Indicator 9 / Metric 10)

This indicator relates to the difference between representation on the board and workforce in terms of BME colleagues and disabled colleagues in the last 12 months:

- Under representation of BME staff (-5.3%) the equivalent of 1FTE
- Under representation of disabled colleagues on the executive board (-5.3%) the equivalent of less than 1FTE
- Under representation of disabled colleagues on the non-executive board (-8.3%) the equivalent 1FTE

Action ID 1.16: Create and implement a talent management plan to improve the diversity of executive and senior leadership teams (by June 2024) and evidence progress of implementation (by June 2025)

Action ID 3.5: Draft proposals for a reverse mentoring programme

Action ID 3.17: Executive teams within the organisation should actively talk about the benefits of allyship as well as champion and sponsor equality staff networks. They should also build the concept of allyship into existing and new development programmes.