


Board of Directors' Meeting 13 October 2022

Agenda item	192/22			
Report Title	Workforce Equality, Diversity & Inclusion Update – Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).			
Executive Lead	Rhia Boyode, Director of People and OD			
Report Author	Emma Wilkins, Deputy Director of People and OD Marian Owoniyi, Joint Head of Equality, Diversity & Inclusion Jas Smith, Joint Head of Equality, Diversity & Inclusion			
	Link to strategic goal:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our governance	√	Responsive	√
	Our partners	√	Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance		BAF3, BAF4,	
	For decision / approval	√	Link to risk register:	
	For review / discussion		530, 477	
	For noting			
	For information			
	For consent			
Presented to:	2022.09.23: Operational People Group 2022.09.28: Equality, Diversity & Inclusion Performance Group			
Executive summary:	<p>To inform and provide the Trust Board with an update relating to the Workforce Race Equality Standard (WRES) Workforce Disability Equality Standard (WDES) results and actions.</p> <p>Implementing the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) is a requirement for NHS organisations. The Trust is monitored against the indicators respectively and this report provides an update on action taken to date.</p> <p>The Trust Board are requested to note and approve the updated WRES and WDES report and actions.</p>			
Appendices	Appendix 1: WRES Report 2022 Appendix 2: WDES Report 2022			
Executive Lead				



NHS Workforce Race Equality Standard (WRES)

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Introduction

The WRES is a set of specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of our black, Asian and minority ethnic (BAME) and White staff. NHS trusts use the metrics data to develop and publish an action plan. Year on year comparison enables trusts to demonstrate progress against the indicators of race equality.

This report is produced from the SaTH data returns submitted from the Trust ESR data in March 2022 and from the 2021 Staff Survey, it is produced in a nationally mandated format as submitted to NHS England and covers data and reported experience from 2021-22.

The WRES demonstrates our clear commitment in developing SaTH to be an exemplar employer and to supporting the UK Government's aims of increasing representation in the workplace to ensure employees from Black, Asian and minority ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace.



Executive summary

We are committed to continue developing our Equality, Diversity and Inclusion, (EDI) work programme and have seen a positive impact with new investment into the Team since May 2022. We recognise that there is much more to do, and we have a clear focus on creating a real sense of belonging and trust for our people and patients cross the Trust by improving engagement and awareness.

Our EDI Strategy outlines our Equality Objectives and priorities and has enabled the Trust to develop a robust work programme. It also aligns to our People Strategy and the NHS People Plan. Our commitment to a 'Just Culture', will ensure a better and more positive experience for our patients and public.

Our workforce demographic continues to change and we know much more is needed to be done. As a responsible employer, we want to support and enable our staff to be the best they can be at work and have a great work experience.



Summary of our performance against the WRES Metrics 2021/22

Metric 1 Workforce Representation

Percentage of staff in each of the AfC Bands 1-9 and VSM (including Board members) compared with the percentage of staff in the overall workforce

From a position of 11% in 2019 of our workforce declaring their ethnicity as BME this has now increased to 19%. While this is positive it is notable from the data we are not seeing increased representation at the pace we desire for the senior band 7 and above roles.

WRES Indicator 1: Pay bands	White	BME
2021	5689	1069
2022	5685	1317

[See next page](#) ▼



Indicator	Data Item		2021			2022			
			Measure	White	BME	Ethnicity Unknown	White	BME	Ethnicity Unknown
Percentage of staff in each of the AfC Band 1-9 or Medical and Dental subgroups and VSM (including executive Board Members) compared with the percentage of staff in the overall workforce		Indicator 1a - Non-Clinical Workforce							
	1	Under Band 1	0	0	0	0	2	0	0
	2	Band 1	Headcount	22	2	0	15	2	0
	3	Band 2	Headcount	543	50	1	532	59	4
	4	Band 3	Headcount	289	13	2	314	9	0
	5	Band 4	Headcount	314	9	4	292	9	1
	6	Band 5	Headcount	147	1	1	170	1	2
	7	Band 6	Headcount	87	3	0	100	3	0
	8	Band 7	Headcount	85	4	0	77	4	0
	9	Band 8a	Headcount	53	4	1	67	4	0
	10	Band 8b	Headcount	28	0	0	32	0	0
	11	Band 8c	Headcount	14	2	0	20	2	0
	12	Band 8d	Headcount	10	0	0	8	0	0
	13	Band 8d	Headcount	4	1	0	5	1	0
	14	VSM	Headcount	17	1	1	1	1	1
		1b) Clinical workforce of which Non-medical							
	15	Under Band 1	Headcount	0	0	0	3	0	0
	16	Band 1	Headcount	0	0	0	0	0	0
	17	Band 2	Headcount	1072	98	9	1056	100	9
	18	Band 3	Headcount	305	27	9	313	72	7
	19	Band 4	Headcount	147	18	1	158	15	0
	20	Band 5	Headcount	763	345	17	686	491	12
	21	Band 6	Headcount	870	74	14	867	103	12
	22	Band 7	Headcount	467	29	8	468	27	10
	23	Band 8a	Headcount	120	5	1	125	6	0
	24	Band 8b	Headcount	37	3	0	45	5	0
	25	Band 8c	Headcount	14	0	0	13	0	0
	26	Band 8d	Headcount	3	0	0	2	0	0
	27	Band 8d	Headcount	2	1	0	2	1	0
	28	VSM	Headcount	2	0	0	3	0	0
		Indicator 1 - Medical and Dental Consultants							
	29	Medical & Dental Consultants	Headcount	168	117	2	169	119	2
	30	Of which Senior Medical Manager		0	0	0	0	0	0
	31	Non-consultant career grade	Headcount	42	141	6	47	162	4
	32	Trainee grades	Headcount	64	121	10	83	117	11
	33	Other	Headcount	0	0	0	0	0	0



Metric 2 Relative likelihood of staff being appointed from shortlisting across all posts

Data source: Trust's recruitment data

	Relative likelihood 2021	Relative likelihood in 2022
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	0.82	1.06

Data source: Trust's recruitment data

WRES Indicator 1: Pay bands	BME shortlisted	BME appointed	%	White shortlisted	White appointed	%
2020	765	143	18.69%	3345	1009	30.16%
2021	1026	381	37.13%	3555	1083	30.46%
2022	1490	496	33.29%	5236	1819	34.74%

This year we have seen a decline in the relative likelihood of BME staff being appointed from shortlisting, compared to White staff.

We will continue to work towards addressing equality and equity within the recruitment process. We have continued to roll out our revised Safer Recruitment training for all recruitment managers, which includes information on how Unconscious Bias can impact upon recruitment and selection. Our application process involves all short listers not having access to any personal identifiable data to prevent unintentional bias.

During the year we have also used a series of different approaches to attract individuals to apply for roles at our Trust. These have included 'Open days', attendance at Careers Events within the local community, working in conjunction with the Job Centre, as well as social media.

Due to Covid we unfortunately have not been able to roll out our Cultural Ambassador role within the recruitment process, however, we are now taking action to relaunch the programme. We are also in the process of reviewing the wording within our job descriptions and adverts, to ensure that we are using inclusive language.



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

	Relative likelihood 2021	Relative likelihood in 2022
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	0.67	1.44

Comparison Data source:

WRES Indicator 3: Formal disciplinary proceedings	BME workforce overall	BME formal disciplinary proceedings	%	White workforce overall	White formal disciplinary proceedings	%
2020	890	1	0.11%	5504	14	0.25%
2021	1069	1	0.09%	5689	8	0.14%
2022	1217	4	0.33%	5685	12	0.21%

These figures show an increase on the previous year. The trust has embraced the Just Culture and Human Factor approach, but this data is clearly an area of concern for us and one which will be prioritised. Our EDI team continue to work in partnership with our People Advisory service, FTSU, Managers and staff to share lived experiences and impact throughout our continuous improvement journey.



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

	Relative likelihood 2021	Relative likelihood in 2022
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	2.26	4

Comparison Data source:

WRES Indicator 4: Non-mandatory training uptake	BME workforce overall	BME non-mandatory training uptake	%	White workforce overall	White non-mandatory training uptake	%
2020	890	187	21.01%	5504	2007	36.46%
2021	1069	6	0.56%	5689	86	1.51%
2022	1317	11	0.84%	5685	214	3.76%

This is a huge concern for us and will be another priority area to improve. However it is worth noting that non mandatory uptake of training during 2020-2022 has been impacted for all staff due to responding to the COVID pandemic. That said there does appear to be a disproportionate impact when compared.



Metric 5 - 8 Staff Survey feedback: Summary

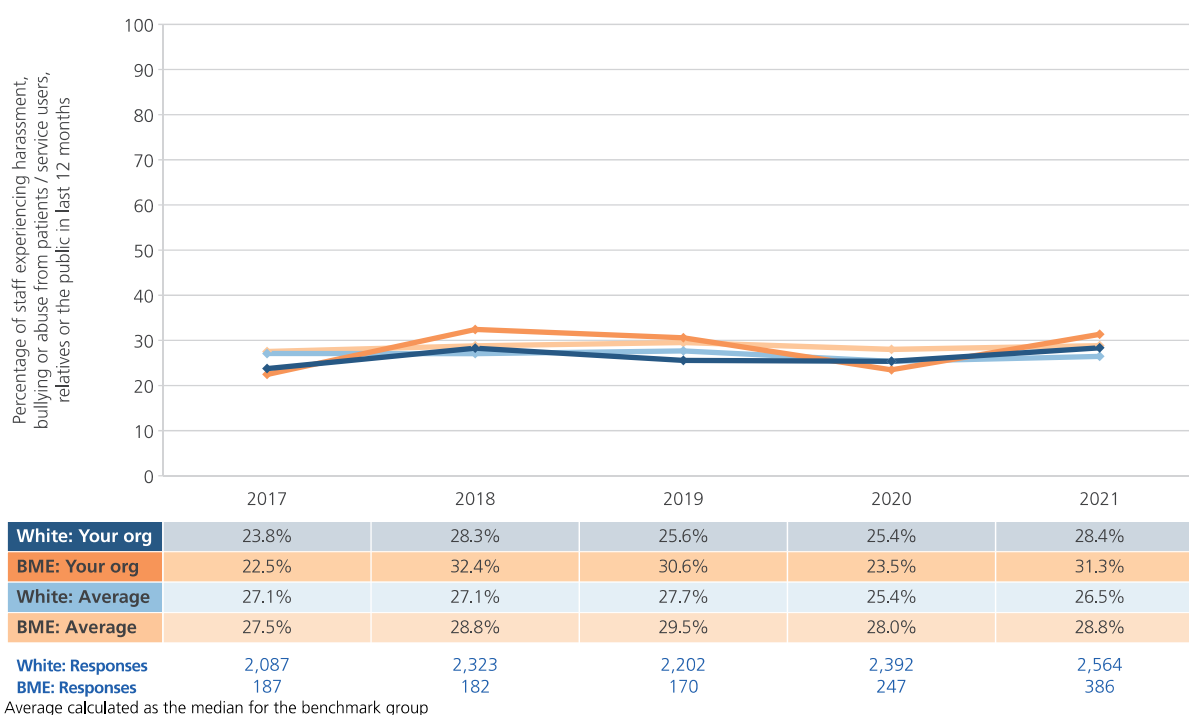
(Data source: Questions 14, 11, 5, 28b, NHS Staff Survey)

The percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months has increased from 23.5% to 31.3%.

At SaTH, we do not tolerate any form of discrimination or harassment from colleagues, patients or the public and will ensure that our staff feel confident and have appropriate support to report any issues. We have also invested in our 'Freedom To Speak Up' support, and we have seen an increase of staff raising their concerns and a more robust response from management to address these. Our EDI team work closely with our FTSU Guardians to ensure action is taken and staff have a safe environment to raise any concerns they may have.

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2021 NHS Staff Survey Results > WRES > Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months



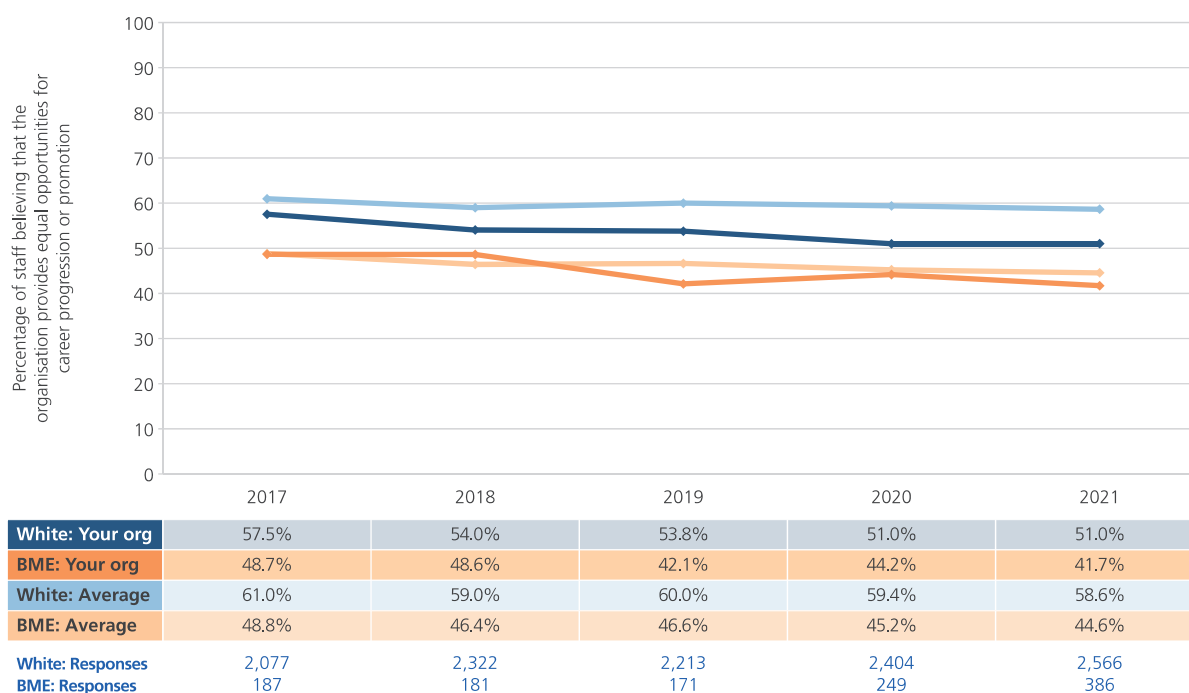


The percentage of staff who believe the organisations offers equal opportunities for career progression and promotion has decreased from 44.2 % to 41.7%.

We have launched our leadership development programmes and throughout 2022 have continued to improve this offer. It is disappointing to see this decreasing and we will continue to ensure our programmes are inclusive and accessible for all and to support progression for all.

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2021 NHS Staff Survey Results > WRES > Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion



Average calculated as the median for the benchmark group

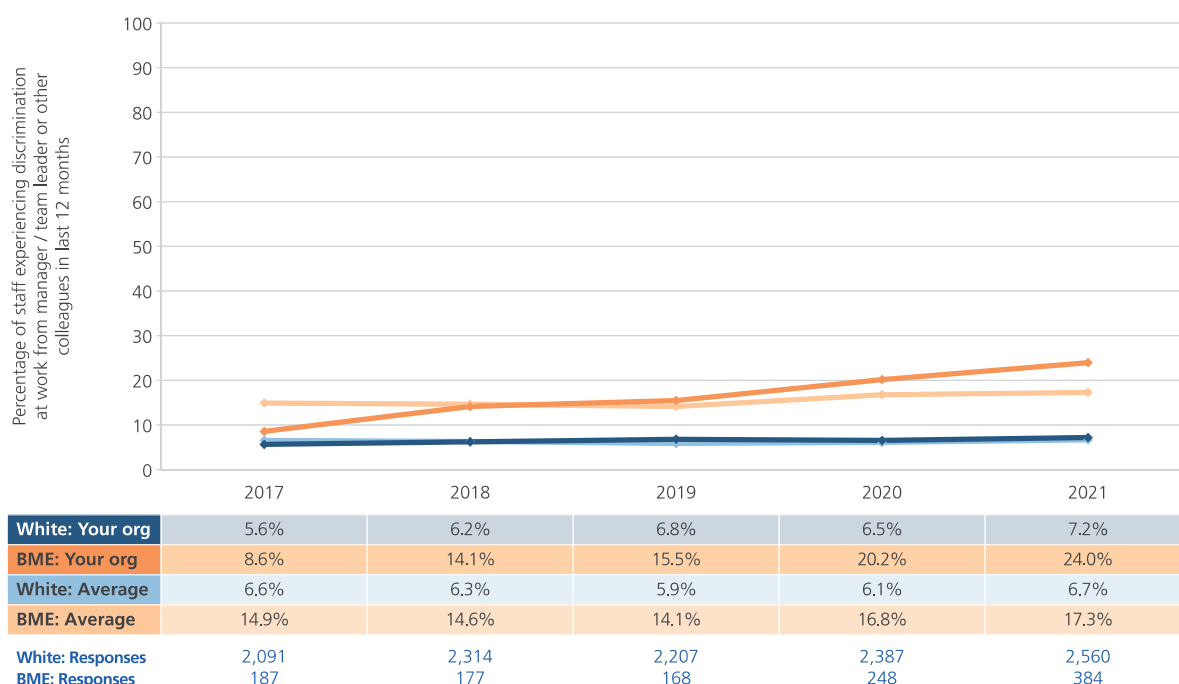
The percentage of staff who faced discrimination from manager/team leader and other colleagues in the last 12 months has gone up from 20.2% to 24.0%.

In 2022 we have launched an EDI training package working with our ICS, giving easy access for staff to join these training modules. These training modules provide a 'safe space' for staff to learn, share and self-reflect, to better gain an understanding of personal bias's and how to ensure that they do not impact colleagues and patients. Greater self-awareness will enable staff to ensure they are role modelling the SaTH values and behaviours - "Partnering, Ambitious, Caring, and Trusted", giving a better understanding of how these values can be transferred into their working day.

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2021 NHS Staff Survey Results > WRES > Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months

NHS





Metric 9 Percentage difference between the organisations' Board voting membership and its overall workforce

Data source: NHS ESR and/or trust's local data)

	Intention	2022		
		White	BME	BME
<p>Percentage difference between the organisations' Board voting membership and its overall workforce</p> <p>Note: only voting members of the Board should be included when considering this indicator.</p>	Total Board members	14	1	1
	of which: Voting Board members	11	0	1
	Non-voting Board members	3	1	0
	Exec Board members	8	1	0
	Non-exec Board members	6	0	1
	Number of staff in workforce	5685	1317	75
	Total Board Members - % by Ethnicity	87.50%	6.30%	6.30%
	Voting Board Members - % by Ethnicity	91.70%	0	8.30%
	Non-voting Board Members - % by Ethnicity	75%	25%	0%
	Executive Board Members - % by Ethnicity	88.90%	11.10%	0%
	Non-executive Board Members - % by Ethnicity	85.70%	0%	14.30%
	Overall Workforce - % by Ethnicity	80.30%	18.60%	1.10%
	Difference (Total board - Overall workforce)	7.20%	-12.40%	5.20%

Figures are automatically calculated on the WRES template and show a decline in BAME Board representation.



Summary WRES and Staff Survey metrics

Areas we have seen improvements for BME staff

- Overall workforce representation

Areas for more focus and improvement for BME staff

- Appointment to roles across all posts
- Formal disciplinary processes and entry into such processes
- Accessing non-mandatory training and CPD
- Staff experiencing harassment, bullying or abuse from patients, relatives, the public, or colleagues
- Equal opportunities for career progression and promotion
- Staff who faced discrimination from manager/team leader
- Representation in Senior and board level roles



Progress against WRES Action Plan 2021-2022

The action plan was developed and monitored by our Race Equality & Inclusion Network. The network offers a place for staff to come together, share experiences and facilitate learning and development, this is very much a network for 'Allyship' where all staff are encouraged to support and help progress our work on race equality.

We are proud to have launched our Cultural Ambassadors programme in September 2021, with a focus on improving workforce representation further. They will support our Recruitment and On-Boarding teams to review our processes and attraction work, which is Amber currently in the table below, as well as being involved in recruitment panels for Band 8 and above roles at SaTH.

	Objective	Intention	Responsibility	By	Progress
1	Develop the new BAME staff network and seek Chair/ Co-Chair from within the network. Ensuring members feel supported and encouraged to participate. Develop a robust communications and marketing plan for the networks and encourage Active Allies	To increase staff voice and engagement from key staff groups	Equality Diversity & Inclusion Lead	Dec 2020	Group -chaired by our Medical Director to track progress
2	Review Staff survey findings for Harassment and bullying by staff colleagues	Improve on figures 2019 35% 2018 25.3%	Equality Diversity & Inclusion Lead & FTSU Lead	Jan 2021	EDI and FTSU team working together on Anti Racism Plan. Civility Respect & Inclusion programme developed
3	Conduct confidential survey and Listening Events of BAME staff in conjunction with (FTSU) Guardians	To increase staff voice and engagement from key staff groups	Head of Employee Relations	Mar 2021	On-going continuous listening events and FTSU and EDI working together on Anti Racism Plan

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	Objective	Intention	Responsibility	By	Progress
4	Embed the Cultural Calendar to develop a programme of events to mark: <ul style="list-style-type: none"> • Holocaust Memorial Day • South Asian History Month • Gypsy and Traveller Month • Black History Month 	To increase staff voice and engagement from key staff groups	To increase staff voice and engagement from key staff groups	Mar 2021	Events Calendar created and communicated to staff. EDI Team working with ICS on upcoming events to ensure there are events throughout the year
5	Introduce a BAME Development Programme. Cultural Ambassador Programme	To support career development and progression and develop organisational learning	Head of Workforce Transformation and OD and Workforce Equality Lead	Oct 2021	Working with our ICS partners we have established a EDI Training package/ programme for our staff. In 2022 we have also launched our Galvanise reverse mentoring programme.
6	Develop Positive Action recruitment activity such as: <ul style="list-style-type: none"> • Targeted media and publicity campaigns • Improve representation in publicity and marketing materials • Develop positive case studies of existing employees 	To increase representation in the Trust of underrepresented groups	Head of Recruitment & Equality Diversity & Inclusion Lead	Mar 2021	EDI and Recruitment working together on recruitment project, updating the current processes and paperwork
7	Review Implement Diversity elements of Leadership Academy and Manager Training and include Unconscious Training and Cultural Competence	To ensure our managers and Leaders are skilled and trained in diversity management	Head of Workforce Transformation and OD and Workforce Equality Lead	Mar 2021	Additional Training modules and masterclasses created for leaders

Conclusion

We recognise that the WRES data is just one of the indicators that we use in connection with our Equality Duty and to demonstrate our commitment to address racial disparity and discrimination. We are developing support and guidance for managers to enable them to better support staff and to give them the appropriate skills and tools to challenge poor behaviour and become agents for change. We have been and will continue to work with our ICS partners in producing training modules and programmes to ensure our staff have the latest EDI training opportunities open to them all.

Our Race Equality & Inclusion Network works with our members to establish safe platforms/ environments for our staff to come and share their stories with us. Our Executive Sponsor supports the network. We have also improved our governance processes internally which we will continue to embed throughout 2022.

The Introduction of the EDI events calendar has ensured there are celebrations throughout the year, for different cultures and beliefs. We are working closely with our ICS partners to ensure staff engagement and promote a wider community involvement.

During 2022 we have seen more investment into the EDI team and this has seen an increase in staff engaging with our network. Staff have shared they feel organisation is listening and is proactive in its approach in tackling some of the inequalities patients and staff are facing, however the WRES data shows we have much more to do.

In line with our People Strategy, People Promise and Trust Values, we will continue to partner with and listen to our staff. We want to enable our staff to be the best they can be at work by encouraging communication and action to demonstrate that their voices count.





Appendix One - WRES Action Plan 2022/23

Action	Measure	Review	Responsible Officer	EDS 2 alignment
Continue to develop our Trust board and senior leadership as E D I Champions/ Embed and support our leaders to achieve the Senior leader objectives and targets on EDI, including board members.	WRES Metric 1-9	Annually	People & OD Director	Inclusive Leadership
Continue to support our staff network to develop; review the purpose and align with executive mentoring to ensure our people are supported to speak up and feel heard	WRES Metric 4-8	Annually	People & OD Director	A represented and supported workforce
Engender a culture where staff feel a real sense of belonging and allyship. Review HWB, reward and recognition workstreams to ensure we support education and inclusive programmes	WRES Metric 1-9	Bi Annually	People & OD Director	Inclusive Leadership

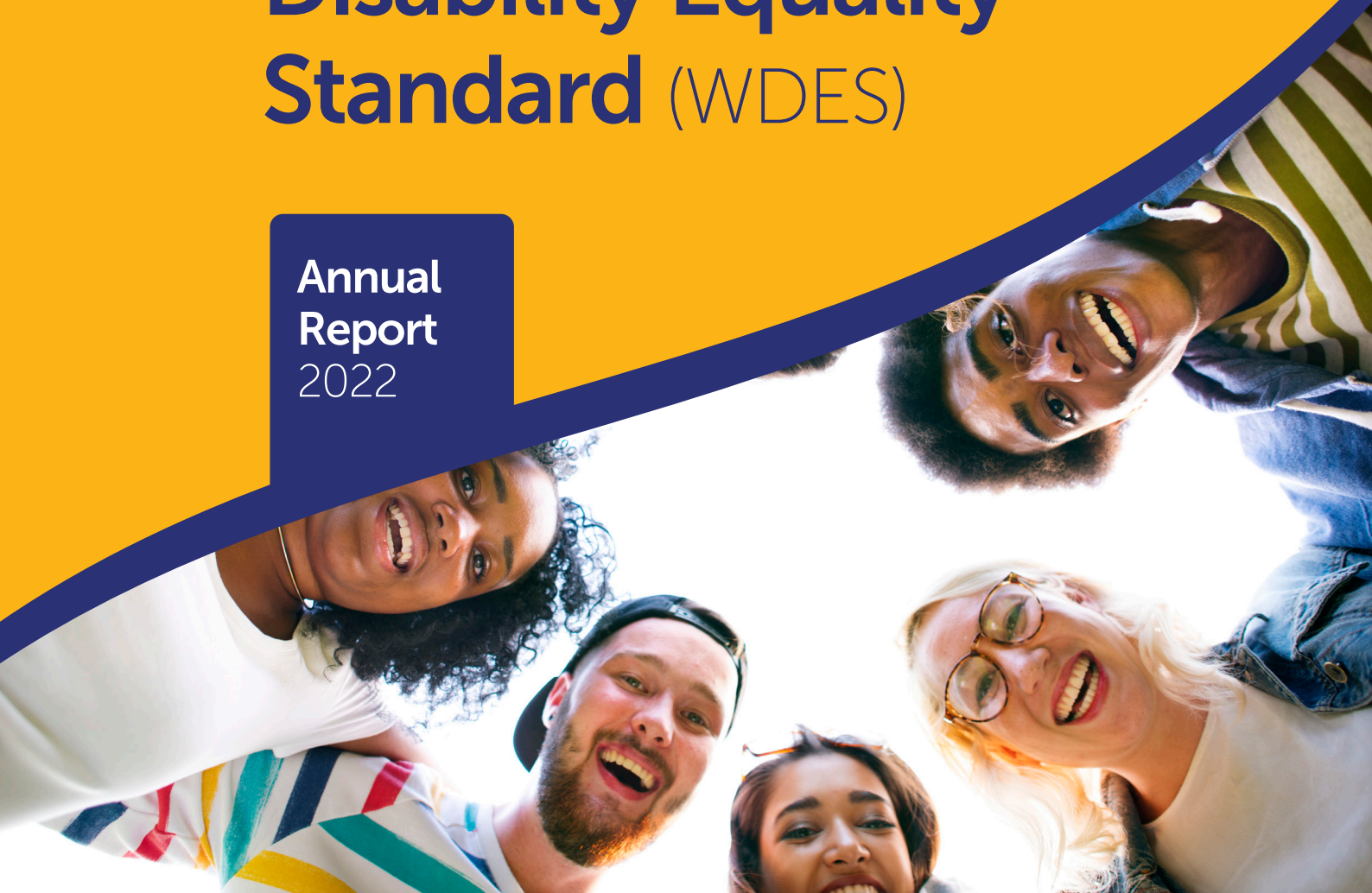
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Action	Measure	Review	Responsible Officer	EDS 2 alignment
Culturally enrich our organisation by reflecting the diverse communities we serve- Improve disability representation across all roles including band 7 and above	WRES Metrics 1-2 & 9	Bi Annual	People & OD Director	Improve patient access and experience
Review and evaluate our inclusive leadership development and set direction for talent management to embed the approach and increase representation at band 7 and above	WRES metric 1-2, 4, 7 & 9	Bi annual	People & OD Director	Inclusive Leadership
Enrich our Organisational development offer, so staff are informed and empowered, and people experience for all is improved	WRES metric 4-8	Bi annual	People & OD Director	A represented and supported workforce Inclusive Leadership

NHS Workforce Disability Equality Standard (WDES)

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Introduction

The WDES is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff. NHS trusts use the metrics data to develop and publish an action plan. Year on year comparison enables Trusts to demonstrate progress against the indicators of disability equality.

This report is produced from The Shrewsbury and Telford NHS Trust (SaTH) data returns submitted from the Trust ESR data in March 2022 and from the 2021 Staff Survey. It is produced in a nationally mandated format as submitted to NHS England and covers data and reported experience from the financial year 2021-22.

The WDES demonstrates our progress and commitment in developing SaTH to be an exemplar employer and in supporting the UK Government's aims of increasing the number of Disabled people in employment.



Executive summary

We are committed to continue developing our Equality, Diversity and Inclusion, (EDI) work programme and have seen a positive impact with new investment into the team since May 2022. We recognise that there is much more to do, and we have a clear focus on creating a real sense of belonging and trust for our people and patients cross the Trust by improving engagement and awareness.

Our EDI Strategy outlines our Equality Objectives and priorities and has enabled the Trust to develop a robust work programme. It also aligns to our People Strategy and the NHS People Plan. Our commitment to a 'Just Culture', will ensure a better and more positive experience for our patients and public.

Our workforce demographic continues to change and more is to be done so our people share information about a disability, seen or hidden, or any health condition with the confidence they will be supported. As a responsible employer, we want to support and enable our staff to be the best they can be at work and have a great work experience.



Summary of our progress against WDES Metrics 2021/22

Metric 1 Workforce Representation 3.5%

Our workforce demographic is changing. We appreciate that sharing information about a disability, seen or hidden, or any health condition can be difficult, but we want to encourage more staff to do so. As a responsible employer, we want to support and enable our staff to be the best they can be at work. Currently 3.5% of our workforce have shared the details about their disability with us, an increase of 0.5% since 2020/21

Metric 1 Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.
(Data source: ESR)

See next page ▼

Clinical/ Non-Clinical	WDES Band Name	Disabled	Non Disabled	Unknown	Total	Disabled %	Non Disabled %
Non-Clinical	Under Band 1	0	2	0	2	0%	100%
	Band 1	2	5	10	17	11.8%	29.4%
	Band 2	23	488	84	595	3%	82%
	Band 3	9	286	28	323	2%	81%
	Band 4	10	251	41	302	5%	83%
	Band 5	10	149	17	276	3%	79%
	Band 6	2	86	17	105	2%	82%
	Band 7	4	66	10	80	3%	84%
	Band 8a	4	60	7	71	4%	89%
	Band 8b	1	29	2	32	0%	94%
	Band 8c	0	21	1	22	0%	90%
	Band 8d	0	7	1	8	20%	60%
	Band 9	1	4	1	6	16.7%	100%
	VSM	0	13	0	13	0%	82%
Non-Clinical Total		66	1467	219	1752	3.8%	83.7%
Clinical Staff	Under Band 1	1	2	0	3	33.3%	66.7%
	Band 1	0	0	0	0	0%	100%
	Band 2	51	995	119	1165	4.4%	85.4%
	Band 3	17	337	38	392	4.3%	86%
	Band 4	3	156	14	173	1.7%	90.2%
	Band 5	49	1078	62	1189	4.1%	90.7%
	Band 6	32	817	133	982	3.3%	83.2%
	Band 7	12	421	72	505	2.4%	83.4%
	Band 8a	3	113	15	131	2.3%	86.3%
	Band 8b	1	40	9	50	2%	80%
	Band 8c	0	12	1	13	0%	92.3%
	Band 8d	0	1	1	2	0%	50%
	Band 9	0	2	1	3	0%	67%
	VSM	0	3	0	3	0%	100%
	Medical & Dental Staff, Consultants	0	254	36	290	0%	87.6%
	Medical & Dental Staff, Non-Consultants career grade	5	198	10	213	2.3%	93%
	Medical & Dental Staff, Medical and dental trainee grades	6	116	89	211	2.8%	55%
Clinical Total		169	3977	465	4611	3%	86.3%
Grand Total		11	568	135	714	1.5%	79.6%
Total Clinical and Non-Clinical		246	6012	819	7077	3.5%	85%



Metric 2 Relative likelihood of Disabled staff compared to non-Disabled staff being appointed from shortlisting across all posts

Our latest data shows that non-Disabled staff, are now 1.30 times more likely to be shortlisted compared to disabled applicants. This has increased from 1.17 in 2020/21. We will continue to work towards improving this metric, in collaboration with our SaTH EDI Advocates Group, Head of ED&I and Recruitment teams for both medical and non-medical staff.

We continue to offer Safer Recruitment training for all appointing managers, which incorporates raising awareness in relation to unconscious bias. As part of the workshops, we also discuss the Disability Confident scheme and our commitment to offering an interview to disabled people that meet the minimum criteria for the role and reasonable adjustments.

While a continuous process we plan to further review all recruitment processes to ensure that we are fully inclusive and accessible, with a keen focus on attraction.

In 2021 we commenced our cultural ambassador programme with the intention to support recruitment and selection including selection panels for Band 8 and above. This did not progress as we planned due to service pressures related to the Pandemic however it will be progressed to embed during 2022/23.

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

Data source: Trust's recruitment data

	Disabled	Non-disabled	Disability Unknown
Number of shortlisted applicants	445	6183	301
Number of appointed from shortlisting	118	2137	208
Likelihood of shortlisting/appointed	0.27	0.35	0.69

Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts	1.30
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Metric 3 Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure

We continue to see a decrease in the likelihood of disabled staff entering a formal capability process compared to non-disabled staff. Having recorded 1.95 for 2020 and 1.45 in 2021, it has dropped to 1.22 for this years' report.

As a Trust, we engage closely with disabled staff, seeking advice from Occupational Health and exploring every alternative opportunity before reaching any formal decisions. The guidance and tools we have in supporting the health and well-being of staff is extensive. We have also worked hard to embed a 'Just Culture' and continue to learn to improve staff experience and how we learn from incidents.

Metric 3 Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. This metric applies to capability on the grounds of performance and not ill health

Data source: Trust's HR data

	Disabled	Non-disabled	Disability Unknown
Number of staff in workforce	445	6183	301
Average number of staff entering the formal capability process for any reason	15.5	322.5	116.5
Of these, how many are on the grounds of ill health only?	15	312.5	114.5
Likelihood of staff entering the formal capability process	0.002033	0.001663	0.002442
Relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff			1.222489

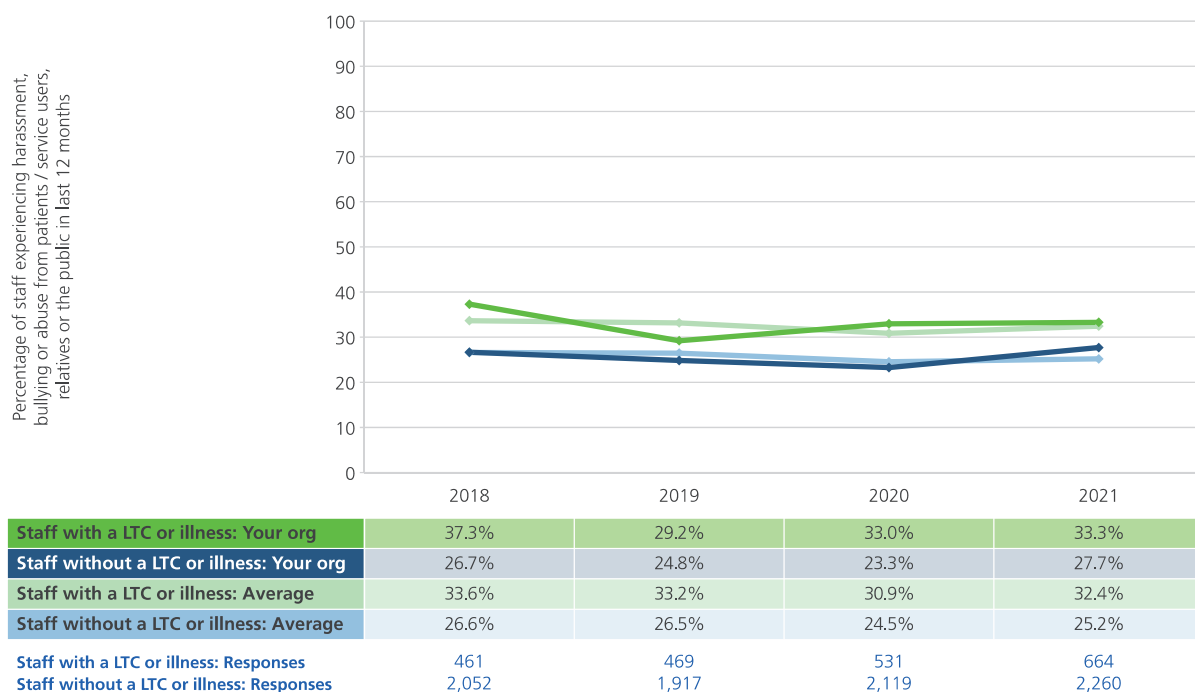


Staff Survey Findings Metric 4 - 9

Please note, metrics 4 to 9 are sourced from the NHS Staff Survey. We have identified some data errors in respect of the 2020/21 data reported, this is amended in the data shared below.

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2021 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months



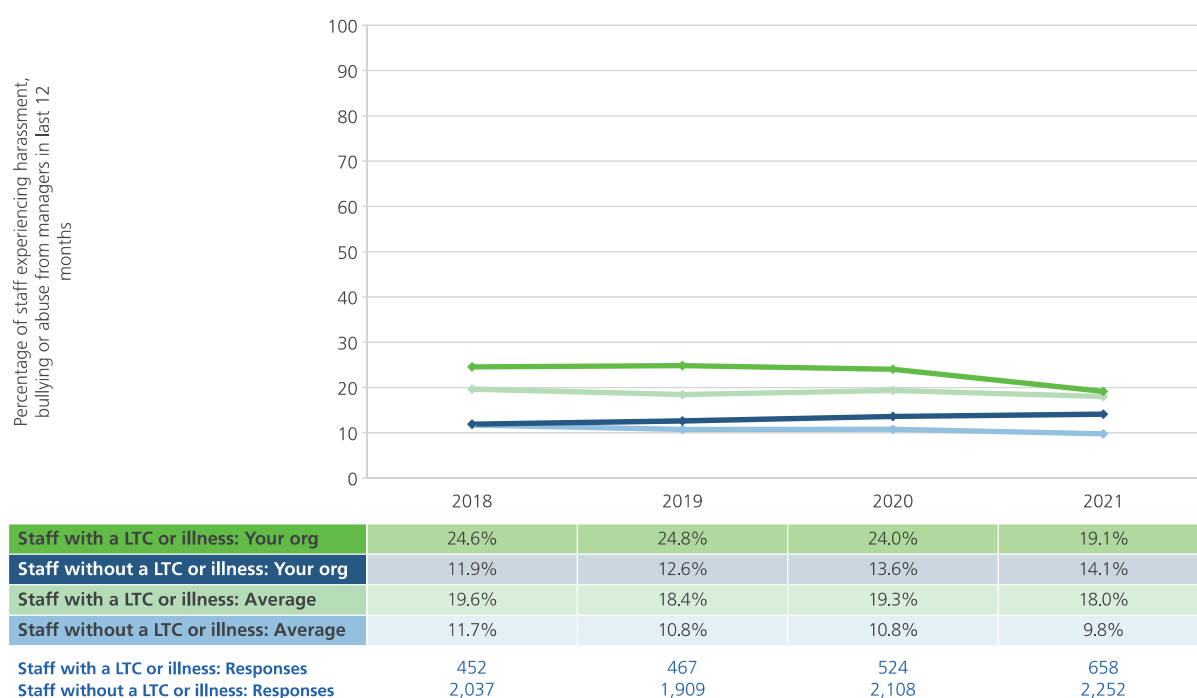
The percentage of staff with a LTC or illness experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months has increased from 33.0% to 33.3%. This has also increased for staff without a LTC or illness and remains a key concern for us.

At SaTH, we do not tolerate any form of discrimination or harassment from colleagues, patients or the public and will ensure that our staff feel confident and have appropriate support to report any issues. We have also invested in our 'Freedom to Speak Up' support, and we have seen an increase in staff raising their concerns and a more robust response from management to address these.



Survey
Coordination
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2021 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months



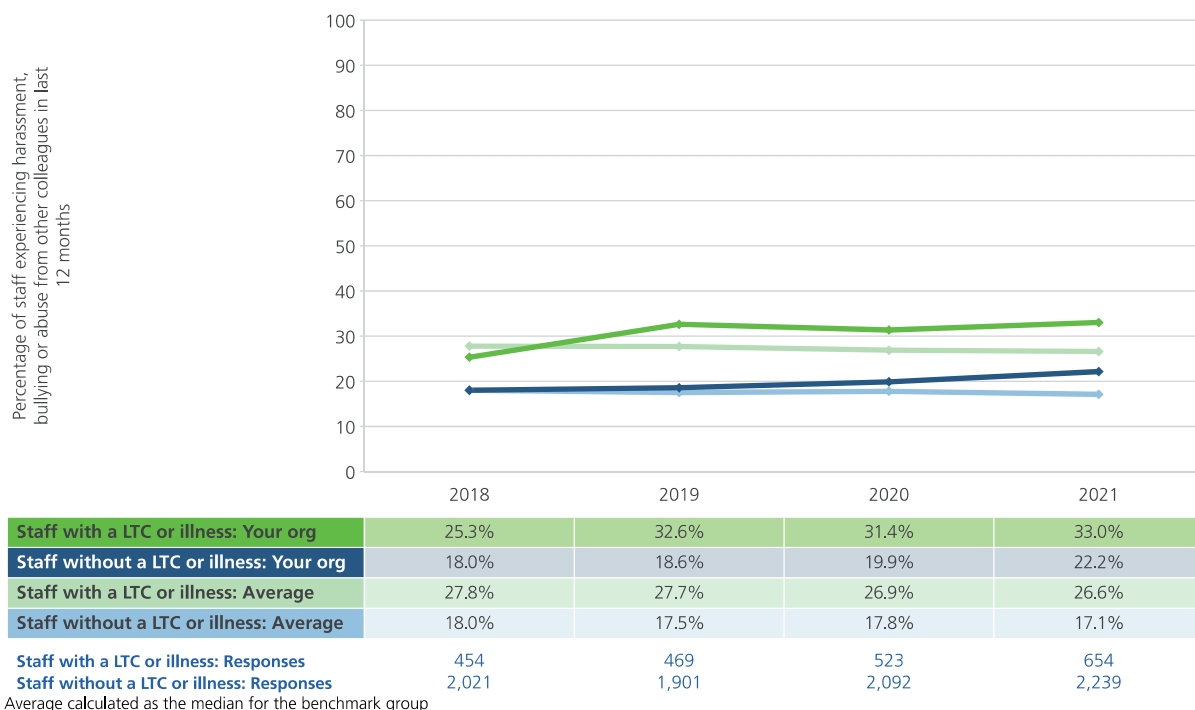
The percentage of staff with a LTC or illness experiencing harassment, bullying or abuse from their line Manager in last 12 months has decreased from 24.0% to 19.1%

We have continued to offer Unconscious Bias Workshops for all staff to attend. These workshops have provided a 'safe space' for staff to learn, share and self-reflect, to gain a better understanding of personal bias's and how to ensure that they do not impact colleagues and patients. Greater self-awareness will enable staff to ensure they are role modelling the SaTH values and behaviours – "Partnering, Ambitious, Caring, and Trusted."



Survey
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2021 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months

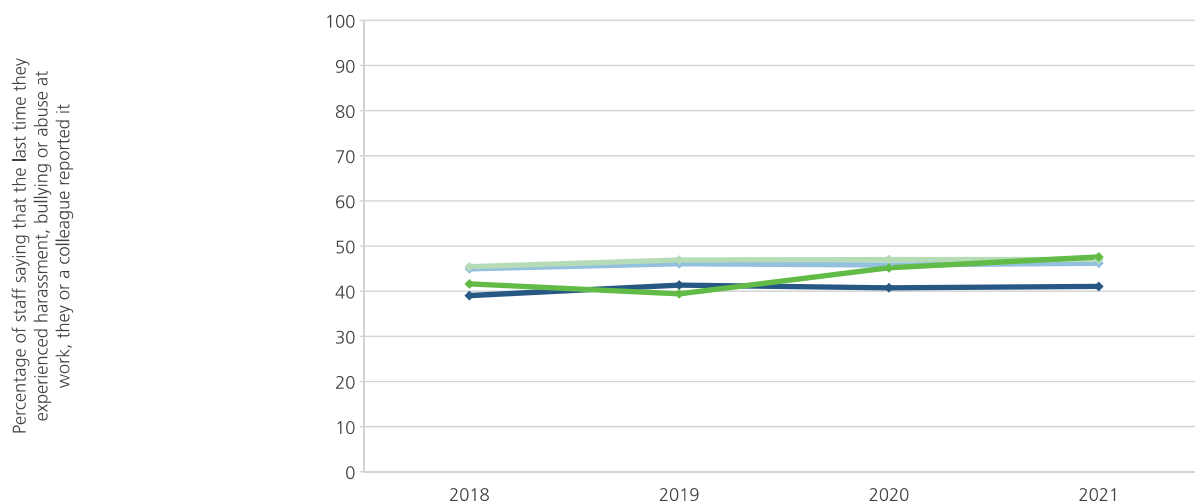


The percentage of staff with LTC or illness experiencing harassment, bullying or abuse from their colleague in last 12 months has increased from 31.4% to 33.0%. We have launched our Civility Respect and Inclusion programme which includes four key building blocks to improve culture and how it feels to work at SaTH. This includes improvements to how we report and share, how concerns are managed, strengthening support to managers to tackle with inappropriate behaviour and improving our education offer in conjunction with our Integrated Care Board (ICB).



Survey
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2021 NHS Staff Survey Results > WDES > Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it



Staff with a LTC or illness: Your org	41.6%	39.4%	45.2%	47.6%
Staff without a LTC or illness: Your org	39.0%	41.4%	40.8%	41.1%
Staff with a LTC or illness: Average	45.4%	46.9%	47.0%	47.0%
Staff without a LTC or illness: Average	45.0%	46.1%	45.8%	46.2%

Staff with a LTC or illness: Responses

209

241

259

311

Staff without a LTC or illness: Responses

638

643

746

828

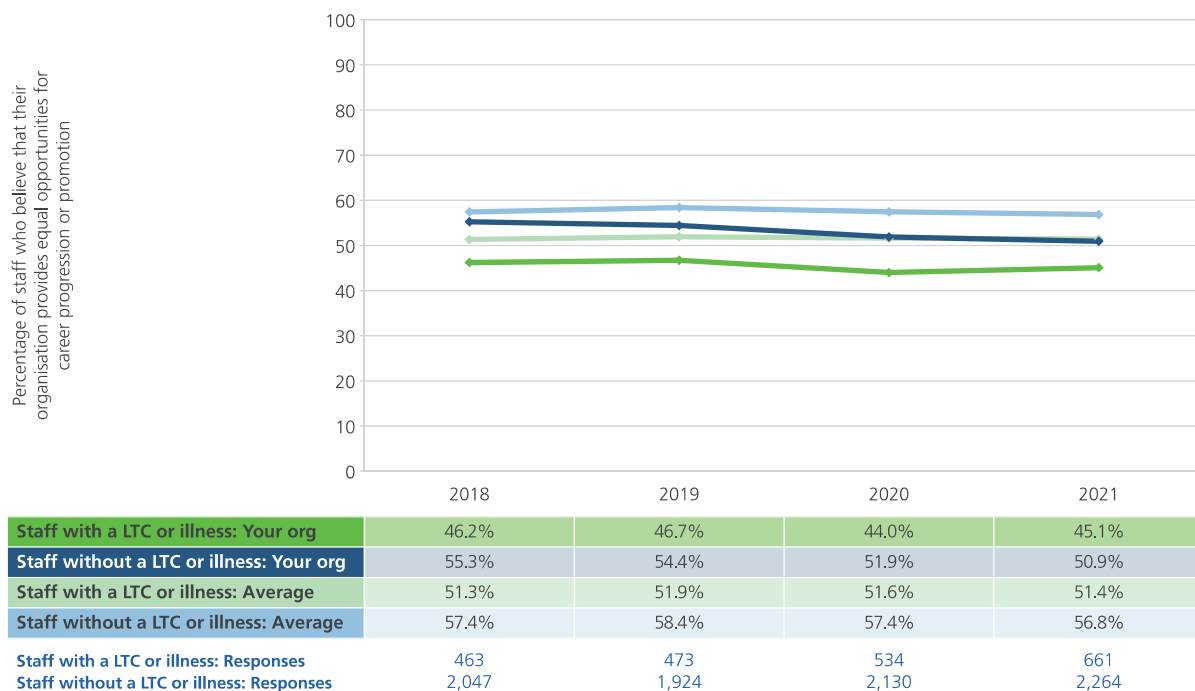
Average calculated as the median for the benchmark group

The percentage of staff with a LTC or illness saying that the last time they faced harassment, bullying or abuse, that they or a colleague reported it has increased from 45.2% to 47.6%. We have invested in promoting through FTSU and our campaigns to encourage people to share experiences so while this is encouraging, we recognised the work must continue to build and maintain trust.



Survey
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2021 NHS Staff Survey Results > WDES > Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion



The percentage of staff with a LTC or illness who believe their organisation offers equal opportunities for career progression and promotion has increased from 44.0% to 45.1%. We have launched our leadership development programmes and throughout 2022 have continued to improve this offer. It is positive to see this increasing and we will continue to ensure our programmes are inclusive and accessible for all and to support progression for all.

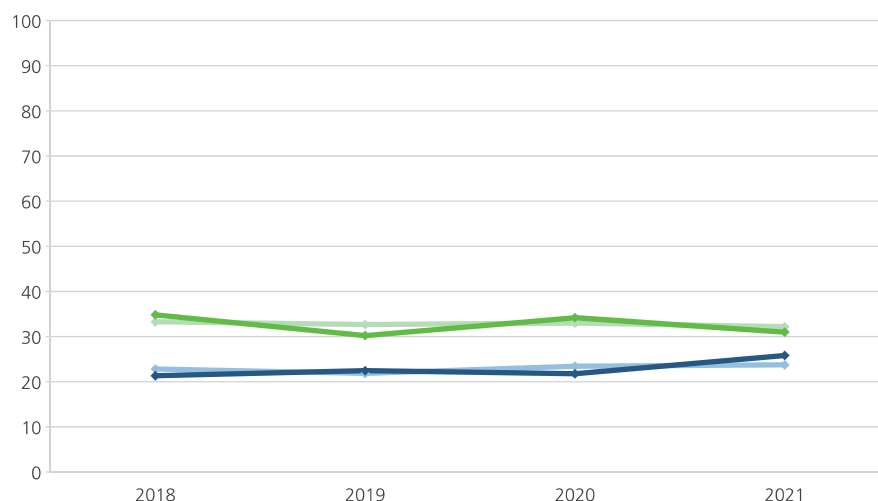


Survey
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2021 NHS Staff Survey Results > WDES > Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



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



Staff with a LTC or illness: Your org	34.8%	30.2%	34.2%	31.0%
Staff without a LTC or illness: Your org	21.3%	22.4%	21.8%	25.8%
Staff with a LTC or illness: Average	33.3%	32.7%	33.0%	32.2%
Staff without a LTC or illness: Average	22.8%	21.8%	23.4%	23.7%

Staff with a LTC or illness: Responses

359

354

392

481

Staff without a LTC or illness: Responses

1,149

1,029

956

1,243

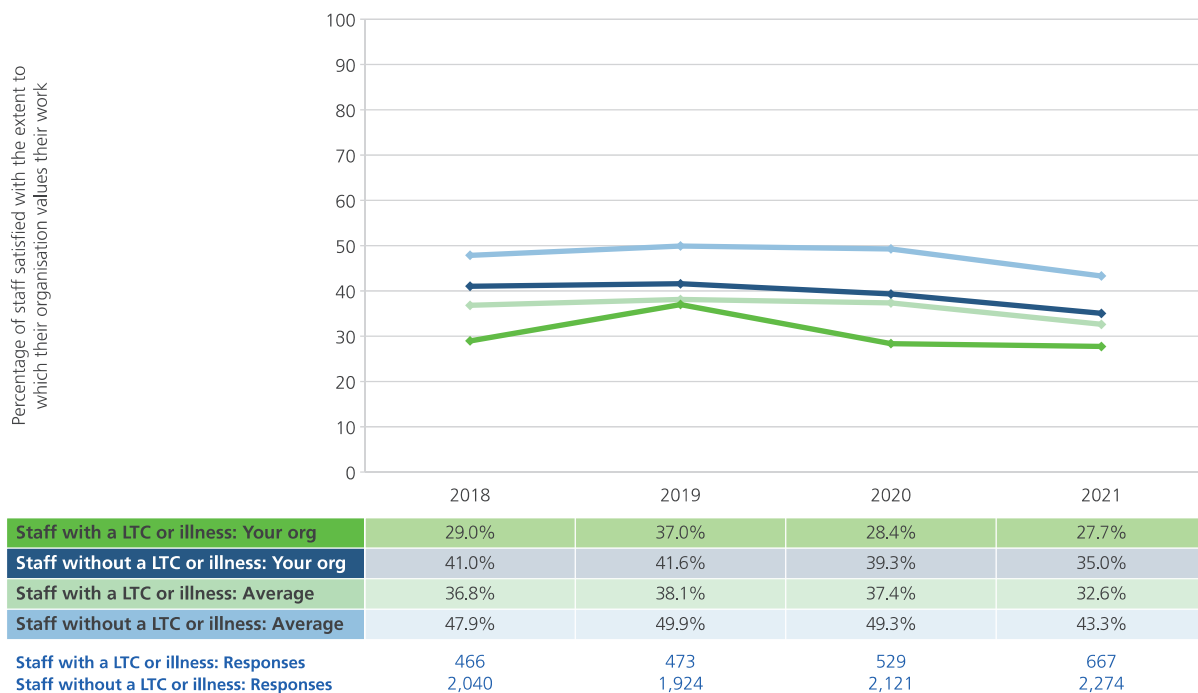
Average calculated as the median for the benchmark group

The percentage of staff with LTC or illness who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties has decreased from 34.2% to 31.0%. This is encouraging although we note for other staff this has increased. It has been a difficult period for the NHS since 2020 but this has enabled us to focus much more on health and wellbeing, this work will continue and in particular psychological support for our people is a top priority.



Survey
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Centre

**2021 NHS Staff Survey Results > WDES > Percentage of staff satisfied
with the extent to which their organisation values their work**

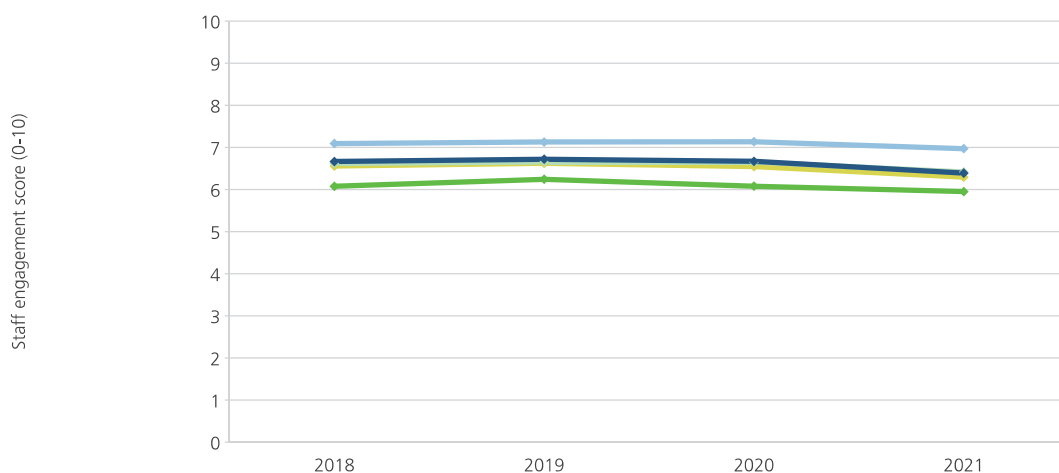


The percentage of staff satisfied with the extent to which their organisation values their work decreased from 28.4% to 27.7%. It is notable this has decreased across every domain and is likely impacted by the Pandemic and political influences alongside organisational level cultures. Improving the staff experience for all staff at SaTH remains a key priority and alongside the leadership development programmes we have been delivering throughout 2021/22 we are shortly launching our management competencies which will mutually support how staff feel valued and how we meet basic needs through good management and leadership.



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2021 NHS Staff Survey Results > WDES > Staff engagement score (0-10)



	2018	2019	2020	2021
Organisation average	6.6	6.6	6.5	6.3
Staff with a LTC or illness: Your org	6.1	6.2	6.1	6.0
Staff without a LTC or illness: Your org	6.7	6.7	6.7	6.4
Staff with a LTC or illness: Average	6.6	6.7	6.7	6.4
Staff without a LTC or illness: Average	7.1	7.1	7.1	7.0
Organisation Responses	2,556	2,437	2,701	3,007
Staff with a LTC or illness: Responses	467	476	533	669
Staff without a LTC or illness: Responses	2,056	1,930	2,135	2,283

Average calculated as the median for the benchmark group

The percentage of staff with a LTC or illness engagement score has reduced from 6.1 to 6.0 which is noticeably lower than staff without LTC or illness at 6.4. Our staff network, Disability, Ability, Wellbeing Network (DAWN) continues to work with members to increase engagement and participation and to also provide a place for staff to share, learn and influence our EDI work programme. With the added investment into our EDI team during 2022, staff networks is another area we want to further strengthen and ensure people are heard and involved in decisions / changes.



Metric 10 Trust Board data

We have reported again that our Board data shows no disability against all members.

Summary WDES and Staff Survey metrics

Areas we have seen improvements for staff with LTC or illness

- More staff declaring their LTC or illness
- Increase in people being shortlisted
- Reduction in staff with LTC or illness entering formal processes
- Reduction in staff reporting harassment, bullying or abuse from their line manager
- Increase in staff reporting harassment, bullying or abuse
- Slight increase in staff who believe the organisation offers equal opportunities for career progression
- Reduction in staff feeling pressure to attend work despite not feeling well enough to perform duties

Areas for more focus and improvement for staff with LTC or illness

- Staff experiencing harassment, bullying or abuse from patients, relatives, the public and or colleagues
- Staff feeling valued by the organisation
- Adequate reasonable adjustments being made for our staff
- Levels of engagement with our staff
- Representation in senior and board level appointments



Progress against WDES action plan 2020/21

Progress against our 2021 actions: WDES Action Plan 2021-2022

Objective	Intention	Responsibility / Action	By	Update
To increase staff voice and engagement from key staff groups	Dedicated staff network time will enable our Chair to develop and communicate a detailed programme of work, Increased membership and engagement leading to higher staff survey satisfaction and EDI scores	Director of People to agree protected time for Chair and budget to support the network to thrive. Communications team to work with Network Chair and develop a robust communications and marketing plan and encourage active allies.	Dec 2021 – Feb 22	We have an established staff network with an annual EDI plan of events and celebrations. There is a clear commitment from the Trust Board to support protected time for network chairs, its members, and associated activities.
Visible leadership and engagement from Trust Board Champion	6 monthly briefing to Trust Board by Network Chair and Exec Champion	Trust Board to select Disability Champion to support the Network and provide Exec support	Dec 2021	We have an executive sponsor at Board level who provides support for our DAWN staff network. In addition a senior medical leader chairs the EDI performance group to ensure progress.

Continued next page



Objective	Intention	Responsibility / Action	By	Update
Improve from 3% to 6 % of staff and Trust Board who have shared information about long term health conditions/ Disability	Improve 2022 data from 3% to 6%	Business Intelligence Lead/ ESR Team to work with Heads of EDI and Communications Team on dedicated messaging	March 2022	Our data shows an increase from 3% to 3.5% of staff sharing their disability.
Progress to Level 2 of Disability Confident Scheme, to improve the experiences of applicants with a disability or long-term health condition	Increase representation and confidence	Head of Recruitment/ Resourcing & On-Boarding to develop action plan using the national template to progress to level 2 and plan to move to level 3 in 2023. To include, working with DAWN to undertake an end-to-end review of recruitment process	April 2022	Our data shows an increase from 3% to 3.5% of staff sharing their disability.
To improve understanding and awareness of Neurodiversity and Hidden Disabilities, creating a more inclusive and responsive organisation	Take up of training to be monitored by ODU and progressed. Increased percentage of staff who believe the organisations offers equal opportunities for career progression and promotion.	Head of Educational Projects to develop/ commission Statutory and Mandatory Training for all staff to raise levels of understanding	April 2022	We have recently launched a new EDI training offer in conjunction with our ICB. More education and awareness is required.

Conclusion

The WDES data and staff survey has enabled us to review our progress against our WDES action plan 2020/21 and alignment to our EDI strategy and Equality Objectives. While we can see clear areas of improvement we also accept and recognise there is more to do. We have used the data to identify clear focus areas moving into 2022 and beyond which are aligned to the Trusts Equality Objectives (Appendix 1).

During 2022 we have seen more investment into the EDI team and this has seen an increase in staff engaging with our network.

We have also improved our governance processes internally which we will continue to embed throughout 2022.

In line with our People Strategy, People Promise and Trust Values, we will continue to partner with and listen to our staff. We want to enable our staff to be the best they can be at work by encouraging communication and action to demonstrate that their voices count.



Appendix One - WDES Action Plan 2022/23

Action	Measure	Review	Responsible Officer	EDS 2 alignment
Continue to support our staff network to develop; review the purpose and align with executive mentoring to ensure our people are supported to speak up and feel heard	Staff Survey	Annually	People & OD Director	A represented and supported workforce
Engender a culture where staff feel a real sense of belonging and allyship. Review HWB, reward and recognition workstreams to ensure we support education and inclusive programmes	Staff Survey Retention rates	Bi Annually	People & OD Director	Inclusive Leadership
Culturally enrich our organisation by reflecting the diverse communities we serve- Improve disability representation across all roles including band 7 and above	WDES Metrics	Bi Annually	People & OD Director	Improve patient access and experience
Review and evaluate our inclusive leadership development and set direction for talent management to embed the approach and increase representation at band 7 and above	WDES metric	Bi annual	People & OD Director	Inclusive Leadership
Continue to develop our Trust board and senior leadership as E D I Champions/ Embed and support our leaders to achieve the Senior leader objectives and targets on EDI, including board members	Staff Survey	Annually	People & OD Director	Inclusive Leadership