

Board of Directors' Meeting: 12 October 2023

Agenda item		127/23	
Report Title		WRES (Workforce Race Equality Standard) Report & WDES (Workforce Disability Equality Standard) Report	
Executive Lead		Rhia Boyode, Director of People and OD	
Report Author		Jas Smith and Marian Owoniyi, Joint Head of EDI	
CQC Domain:		Link to Strategic Goal:	Link to BAF / risk:
Safe	√	Our patients and community	√
Effective	√	Our people	√
Caring	√	Our service delivery	√
Responsive	√	Our governance	√
Well Led	√	Our partners	√
Consultation Communication		Operational People Group: 18/09/2023 People & OD Assurance Committee: 25/09/2023	
Executive summary:		1. The Board’s attention is drawn to WRES and WDES areas of concern and improvements, the full action plan provided in our WRES and WDES report as detailed in appendix 1 and 2. This is planned work in 2023/2024 to address the areas of concern highlighted. The action plan is monitored through the Equality Diversity and Inclusion Group and assurance of progress reported to the Operational People Group and People Committee.	
Recommendations for the Board:		The Board is asked to: Note the progress with our 2022-23 WRES and WDES actions and our continued improvement journey. Note the risks and approve the 2023 WRES and WDES report and Action Plans for publication on the Trust’s website. It is recommended that the Board continues to act as an active ambassador of race inclusion and anti-racist culture.	
Appendices:		Appendix 1: WRES (Workforce Race Equality Standard) Report Appendix 2: WDES (Workforce Disability Equality Standard) Report	

1.0 Introduction

1.1 The action plan provided in our WRES report as appendix 1 is planned work in 2023/2024 to address the areas of concern highlighted. The action plan is monitored through the Equality Diversity and Inclusion Group and assurance of progress reported to the People Committee.

1.2 WRES and WDES areas of concern and improvements:

- Staff experiencing harassment, bullying or abuse from patients, relatives, the public, or colleagues - The data shows our Black and minority ethnic (BME) experiencing harassment, bullying or abuse from staff in the last 12 months in our organisation is 21.7% (down from 24%), which is above the national average of 17.3% in 2022.
- Greater participation in staff survey to improve the strength of data; 49% last year with a target of 49-51% in 2023/24.
- Equal opportunities for career progression and promotion - The data shows that staff from other ethnic groups report about 10% more negatively in this area. To address this, we have introduced our Galvanise BME Leadership programme and launched new Talent Conversations to support ongoing development.

1.3 Areas we have seen improvements for BME staff:

WRES Indicator 1: Head count Pay bands – Number of Staff in overall workforce.

From a position of 13.8 % in 2020 of our Workforce declaring their ethnicity as BME, this has now increased to 21%. This is a continued positive trend seeing a steady increase in representation.

- While the overall instances of disciplinary proceedings have risen, it is noteworthy that unlike previous years, there is no discernible disparity between white and BME staff.
- Positive increase in BME staff in B7 and B8.

WRES Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts

This data is showing that compared to 2021, the relative likelihood of white staff being appointed from the shortlisting process compared to BME staff has increased to 1.15%. More work needs to be identified in terms of our recruitment and retention processes in 2023.

Initiatives and Improvements being made in 2023 to address our concerns:

- Retention Group – working groups continue to embed processes and in August our turnover figure was 12.1% vs a target of 13.1% by December 2023.
- Discrimination and Harassment group set up to address concerns, consists of Senior HR professionals, Equality, Diversity and Inclusion team, Freedom to Speak up Guardian. Monitoring and reviewing concerns raised.
- Training and Development – EDI Doctors training developed, Galvanise Programme and various Leadership development in house training modules by Trust and ICS (Integrated Care System).
- Recruitment EDI representatives on shortlisting panels.

- System - Cultural Diversity Celebration Day (Michelle Cox – guest speaker)

1.4 WDES - Areas for more focus and improvement for staff with Long Term Condition (LTC) or illness:

- Staff with LTC or illness entering formal processes - This metric is based on a two-year rolling average (April 2021 to March 2023) and this year's data has shown an increase in the likelihood of disabled staff entering a formal capability process, compared to non-disabled staff. Having recorded 1.45 in 2021 and 1.22 in 2022, it has risen to 3.08 for this year's report.
- Staff reporting harassment, bullying or abuse from their line manager has seen a slight increase from 19.1% to 19.5%
- Levels of engagement with our staff - percentage of staff with a LTC or illness engagement score showed no further reduction, however we have recorded no increase either as we have maintained our engagement score from last year of 6.0 which is noticeably lower than staff without LTC or illness at 6.4.

Some areas we have seen improvements for staff with LTC or illness:

- More staff declaring their LTC or illness.
- Reduction in staff experiencing harassment, bullying or abuse from patients, relatives, the public and or colleagues – decreased 33.3% to 32.2%
- Increase in staff who believe the organisation offers equal opportunities for career progression – increased from 45.1% to 48.6%.
- Reduction in staff feeling pressure to attend work despite not feeling well enough to perform duties – from 31% to 29.2%
- Increase in staff feeling valued by the organisation – from 27.7% to 29.1%.

1.4 We are currently rolling out our Talent conversations and must continue to recognise the importance of equitable recruitment and career progression for all staff. We have also signed up to #InclusiveHR, a social movement for change, that is focused on and recognising the racial inequalities that exist in society that are replicated in our HR departments and policies, with a view to reducing the disparities, becoming more inclusive and leading by example as a profession.

2.0 Risks to the project

2.1 The risks from an overall EDI perspective are:

- Ability to deliver our WRES and WDES action plan beyond compliance obligations and demonstrate measurable progress as part of a joined-up strategy with ICS colleagues.
- Quality of patient care and retention of our people if colleagues experience a culture of bullying, harassment and racism that is not recognised and continues.
- Hindrance on our long-term planning ability and retention of our people if colleagues do not feel they have equal opportunity to development opportunities.
- Financial challenges created by workforce supply and retention.
- Increased demand on services and widening the health inequalities gap for our colleagues and our community by not addressing key issues and recognising we cannot have quality without equality.

- Supporting our Board to ensure well-being and inequality remains a top strategic priority. As part of the NHS Improvement Plan published in June 2023, we are also working with our Board to set clear and measurable objectives for each board member in relation to EDI and health inequalities.
- Supporting colleagues and our community to recognise where improvements are required and that it is a key principle of why the NHS was created to address inequality.

3.0 Recommendations

The Board is asked to note and approve the 2023 WRES and WDES report and Action Plans for publication on the Trust's website.



NHS Workforce Race Equality Standard (WRES)

Annual Report 2022

The Shrewsbury and Telford Hospital NHS Trust



NHS Workforce Race Equality Standard (WRES)

Annual Report 2022

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NHS **Workforce Race Equality Standard** (WRES)

Annual Report 2022



Workforce Race Equality Standard (WRES)



Introduction

The Workforce Race Equality Standard (WRES) is a set of specific measures (Indicators) which enables NHS organisations to compare the workplace and career experiences of our black, Asian and minority ethnic (BME) and White staff.

Implementation of the WRES is a requirement and a key component in how the Trust works to deliver tangible and lasting improvement on race inclusion, also supporting how as an organisation we deliver on our obligations under the Public Sector Equality Duty (PSED) to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The WRES supports the Trust to ultimately increase diversity and inclusion, enabling us to deliver services for all people within our communities.

This 2023 report contains the WRES performance data indicators to develop an action plan and our associated action plan. Year on year comparison enables the Trust to demonstrate progress against the indicators of race equality.

WRES Reporting Requirements

Trusts are required to submit and publish the WRES annually as part of the NHS Standard Contract. Requirements for 2023 are in three stages, as below:

- Submit 2022 Trust WRES Dataset to NHS England via the DCF by 31st May 2023.
- Submit 2022 Bank and Medical WRES June 2023.
- Publish and share this WRES progress report and action plan by 31st October 2023.

This report is produced from our data returns submitted from the Trust ESR data in March 2023 and from the 2022 Staff Survey, it is produced in a nationally mandated format as submitted to NHS England and covers data and reported experience from 2022-23.

The WRES demonstrates our clear commitment in developing us 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

Inequalities in any form goes against everything we are striving for with our values. Fair treatment of staff is not only the right thing to do, evidenced based research directly links to better clinical outcomes and better experience of care for patients. We continue to be committed and 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. Developing a more inclusive workplace is therefore a key element of our plans.

As outlined above all NHS Trusts are required to report performance against a range of race and disability equality metrics on an annual basis. These are known as the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES), our submission has been made accordingly with data submitted to NHS England at the end of May. Our submission was duly made. There is much data, and some is taken from the Staff Survey 2022, which has previously been shared and discussed with the Board. Our results show that there has been improvement in some areas, such as, more staff declaring their long-term condition (LTC) or illness and increase in adequate reasonable adjustments being made for our staff. In other areas, further improvement is still needed in the likelihood of staff with LTC or illness entering formal processes and staff reporting harassment, bullying or abuse from their line manager.

By improving the experience for our staff, we will improve the experience for our patients, engagement of staff has a direct correlation to patient care, *NHSE analysis of NSS data 2021*. In particular, addressing harassment, bullying and abuse, fair recruitment and the implementation of reasonable adjustments for staff with long term health conditions remain priorities and are outlined in recently published NHS EDI

Improvement plan which prioritises Six High Impact Actions. It has been agreed that we adopt the recently published NHS EDI Improvement plan and Six High Impact Actions, which includes introducing equality objectives for Board members. It has also agreed the use of the NHS EDI metrics, many of which we are already working on. A national dashboard is being developed but it is not due for completion until next year.

Our workforce demographic continues to change, and we have worked to promote our electronic staff record (ESR) self-services to encourage staff to update their details without the need to go through any other staff member. Staff are therefore empowered to declare their ethnicity status with the assurance that they will be supported and enabled to be the best they can be with an employer that provides a great work experience.

Our WRES results and plans have previously been considered by our SaTH EDI Group (formerly EDI Performance Group) and shared with our disability staff Race Group. Our WDES will have a separate annual report.



Summary of our performance against the WRES Metrics 2021/22

Indicator 1a Non-Clinical Workforce and 1b Clinical Workforce Representation

Percentage of staff in AfC (Agenda for change) 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.

From a position of 13.8 % in 2020 of our workforces declaring their ethnicity as BME this has now increased to 21%. This is a continued positive trend seeing a steady increase in representation for 5 consecutive years.

Table 1 - WRES Indicator 1: Head count Pay bands - Number of Staff in overall workforce.

WRES Indicator 1: Head count Pay bands	White - number of staff in overall workforce	BME - number of staff in overall workforce	Overall % of BME Staff
2020	5497	890	13.8%
2021	5689	1069	15.6%
2022	5685	1317	18.6%
2023	5850	1576	21%

For Information the 2021 census showed population by race in Shropshire as White people 96.7% and Asian, Mixed, Black, and Other people as 3.3%.



Table 2 - Chart showing Indicator 1a Non Clinical Workforce and 1b Clinical Workforce

Indicator	Data Item		2022			2023			
			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	2	0	0	5	0	0
	2	Band 1	Headcount	15	2	0	10	1	0
	3	Band 2	Headcount	532	59	4	543	66	1
	4	Band 3	Headcount	314	9	0	359	21	2
	5	Band 4	Headcount	292	9	1	315	15	2
	6	Band 5	Headcount	170	4	2	168	6	2
	7	Band 6	Headcount	100	5	0	111	6	0
	8	Band 7	Headcount	77	3	0	98	5	0
	9	Band 8a	Headcount	67	4	0	70	4	0
	10	Band 8b	Headcount	32	0	0	40	1	0
	11	Band 8c	Headcount	20	2	0	24	0	0
	12	Band 8d	Headcount	8	0	0	8	0	0
	13	Band 9	Headcount	5	1	0	8	1	0
	14	VSM	Headcount	11	1	1	9	1	0
		Indicator 1b - Clinical Workforce							
	15	Under Band 1	Headcount	3	0	0	2	0	0
	16	Band 1	Headcount	0	0	0	0	0	0
	17	Band 2	Headcount	1056	100	9	1070	148	7
	18	Band 3	Headcount	313	72	7	352	72	4
	19	Band 4	Headcount	158	15	0	176	14	1
	20	Band 5	Headcount	686	491	12	617	531	11
	21	Band 6	Headcount	867	103	12	873	160	14
	22	Band 7	Headcount	468	27	10	491	36	10
	23	Band 8a	Headcount	125	6	0	130	9	0
	24	Band 8b	Headcount	45	5	0	56	6	0
	25	Band 8c	Headcount	13	0	0	9	0	0
	26	Band 8d	Headcount	2	0	0	3	0	0
	27	Band 9	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	119	2	174	128	1
	30	Of which Senior Medical Manager		0	0	0	0	0	0
	31	Non-consultant career grade	Headcount	47	162	4	24	75	1
	32	Trainee grades	Headcount	83	117	11	100	269	7
	33	Other	Headcount	0	0	0	0	0	0

Indicator 1a Non-Clinical Workforce and 1b clinical workforce

Our Aim

Our main aim is to increase the number of BME staff within our workforce. Our figures and trends show that we have increased this over the previous four years from 13.8% in 2020 to 21% in 2023, whilst this is a positive step forward, we still have improvements to make in our higher grades. We continue in with our improvement journey and there are several initiatives and development planned for 2023/4 which should help to increase this figure further next year. (See appendix 1).

This year there have been separate returns introduced for BANK WRES and Medical WRES, the date from these submissions is included in later in this report.

Indicator 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 2021
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	0.82	1.06	1.15

WRES Indicator 2: Recruitment	BME shortlisted	BME appointed	% likelihood of being appointed	WHITE shortlisted	WHITE appointed	% likelihood of being appointed
2020	890	1	0.11%	5504	14	0.25%
2021	1069	1	0.09%	5689	8	0.14%
2022	1317	4	0.30%	5685	12	0.21%
2022	1317	4	0.30%	5685	12	0.21%

For two consecutive years we have seen a decline in the relative likelihood of BME staff being appointed from shortlisting, compared to White staff. The data shows the gap between is widening despite the initiatives to improve in this area. By way of explanation a BME applicant in 2020 had a 18% likelihood of being appointed, in 2021 this saw a significant a positive increase to 37% this may have been linked to our overseas recruitment programme, however in years 2022 and 2023 this has decreased but not to 2020 levels.

We will continue to build on the work on addressing our recruitment offer by widening aspects of advertisement campaigns. We introduced our Galvanise BME Leadership programme and launched our new Talent Conversations for existing staff members to support their ongoing development which aims to lead to higher levels of retention staff satisfaction.

There has also been a positive increase in participation within the staff networks with Executive sponsors in place for each Network and underpinning governance structure.

Some of our Trust approach and initiatives to Inclusive recruitment in 2022/23

- Assessment centres now in place, HCSW and apprenticeships, additional advice support given to our staff who are undertaking development training programmes. The Education Department have produced an Education Prospectus with further details and can be found using this link - [SaTH Education Prospectus by The Shrewsbury and Telford Hospital NHS Trust - Issuu](#)
- Our Chief Executive is holding discussions with staff network groups and Executive Sponsors to establish our aims and objectives of the networks and to offer any additional support that may be needed.
- Our Flagship programme - Offering flexible shift patterns to attract wider range of applicants.
- International Nursing Recruitment with an inclusion focus, bringing different cultures and experiences of staff into our organisation. International Facebook group set up to ensure communication is improved in this after.

Retention Group looking and various projects of improvement to help with recruitment and retention in our BME staff.

- Working towards more diverse interview and assessment panels for all Band 7 and above interviews, and for all assessment centre panels (encouraged for posts at all levels).
- Positive action approaches to advertising vacancies, included greater use of diverse workforce images and wording encouraging applications from under-served/under-represented groups through large scale promotional campaigning.
- Improving our experiences of our BME staff by offering more development programmes and activity encouraging our BME to apply for these opportunities.
- We are currently trailing distributing pre interview questions to candidates.

Indicator 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 2023
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	0.67	1.44	1

Comparison Data:

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%
2022	1576	5	0.32%	5850	19	0.32%

While the overall instances of disciplinary proceedings have risen, it is noteworthy that unlike previous years, there is no discernible disparity between white and BME staff.

We have been working to reduce the number of disciplinary cases by applying much greater diligence in the early stages when an incident arises, using the Restorative Just and Learning Culture Framework approach. This change (in part) has resulted in the very low number of disciplinary cases in 2023 (24 in total, and 16 in the previous year). However, with such small numbers of disciplinary cases and a BME workforce of 21% it is likely that even a small number of BME cases (even one) can result in a BME over representation and a negatively ranked score on this indicator. This indicator remains a key challenge for us. However, with further embedding of the Trust's approach and use of the Restorative Just and Learning Culture framework checklist, we are confident that disciplinary investigations are only being applied when necessary and appropriate due diligence has been adopted to help eliminate effects of any potential bias that may be present.



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

	Relative likelihood 2021	Relative likelihood in 2022	Relative likelihood 2023
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	2.26%	4%	0.82%

Comparison Data:

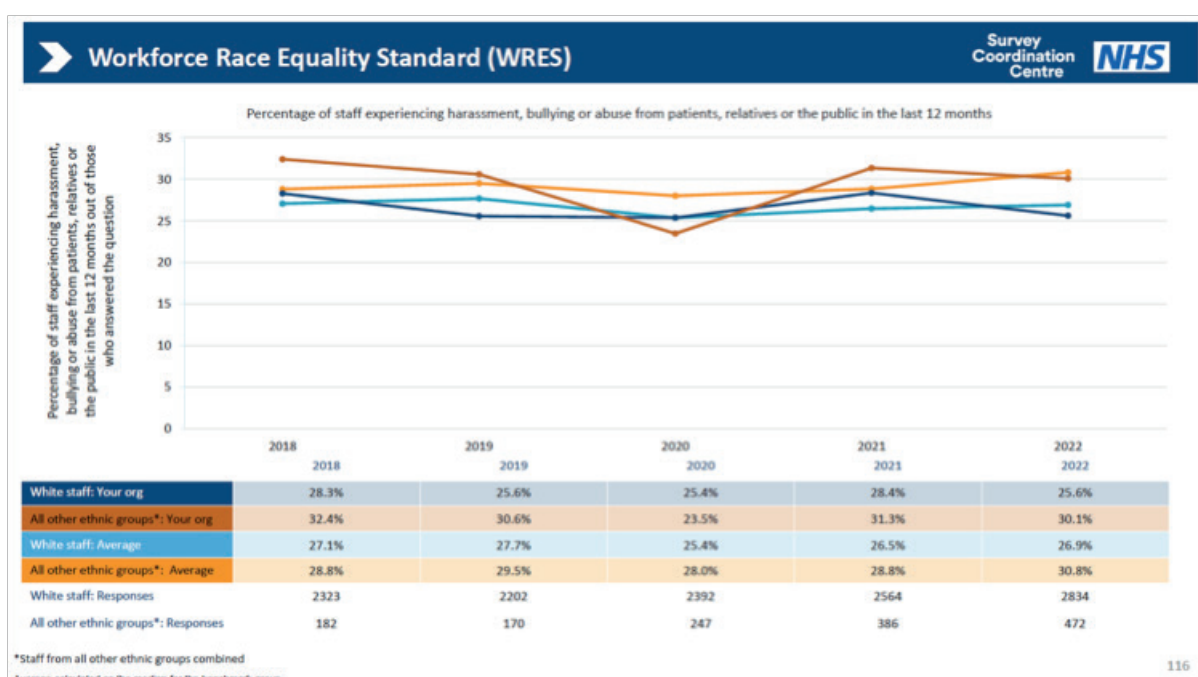
WRES Indicator 4: Non-mandatory training uptake	BME workforce overall	BME non-mandatory training uptake	%	White workforce overall	White non-mandatory training uptake	%
2020	890	187	21.01%	5504	2007	36.46%
2021	1069	6	0.56%	5689	86	1.51%
2022	1317	11	0.84%	5685	214	3.76%
2022	1576	70	4.44%	5850	214	3.66%

Since 2020 there has been an overall low uptake of access to non-mandatory training across all staff groups remains a concern. This is a huge concern for us, as personal development is prerequisite for BME staff to be able to gain promotion however it is worth noting that non-mandatory uptake of training during 2020/21 has been impacted for all staff due to responding to the COVID pandemic. We are therefore still recovering from this. In 2023 the gap has closed, focus for 2024 should be on increasing access to non mandatory training for all staff. Initiatives in collaboration with the ICS have been put in places such as the talent portal and Galvanise programme to offer additional support to staff groups outside statutory mandatory training, with a number of Training packages in relation to Equality Diversity and Inclusion being introduced and made available.

The EDI Leads continue to communicate information on development opportunities directly to ethnic diverse colleagues to support access for this group.

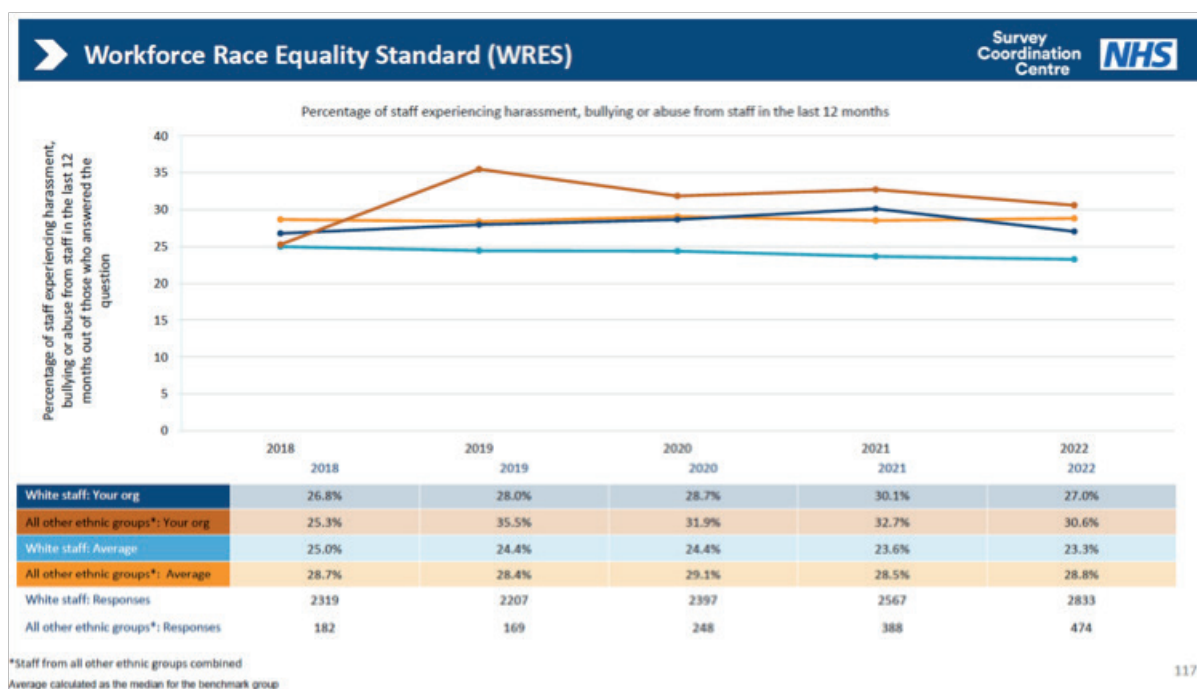
Indicators 5 - 8 Staff Survey feedback.

Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months

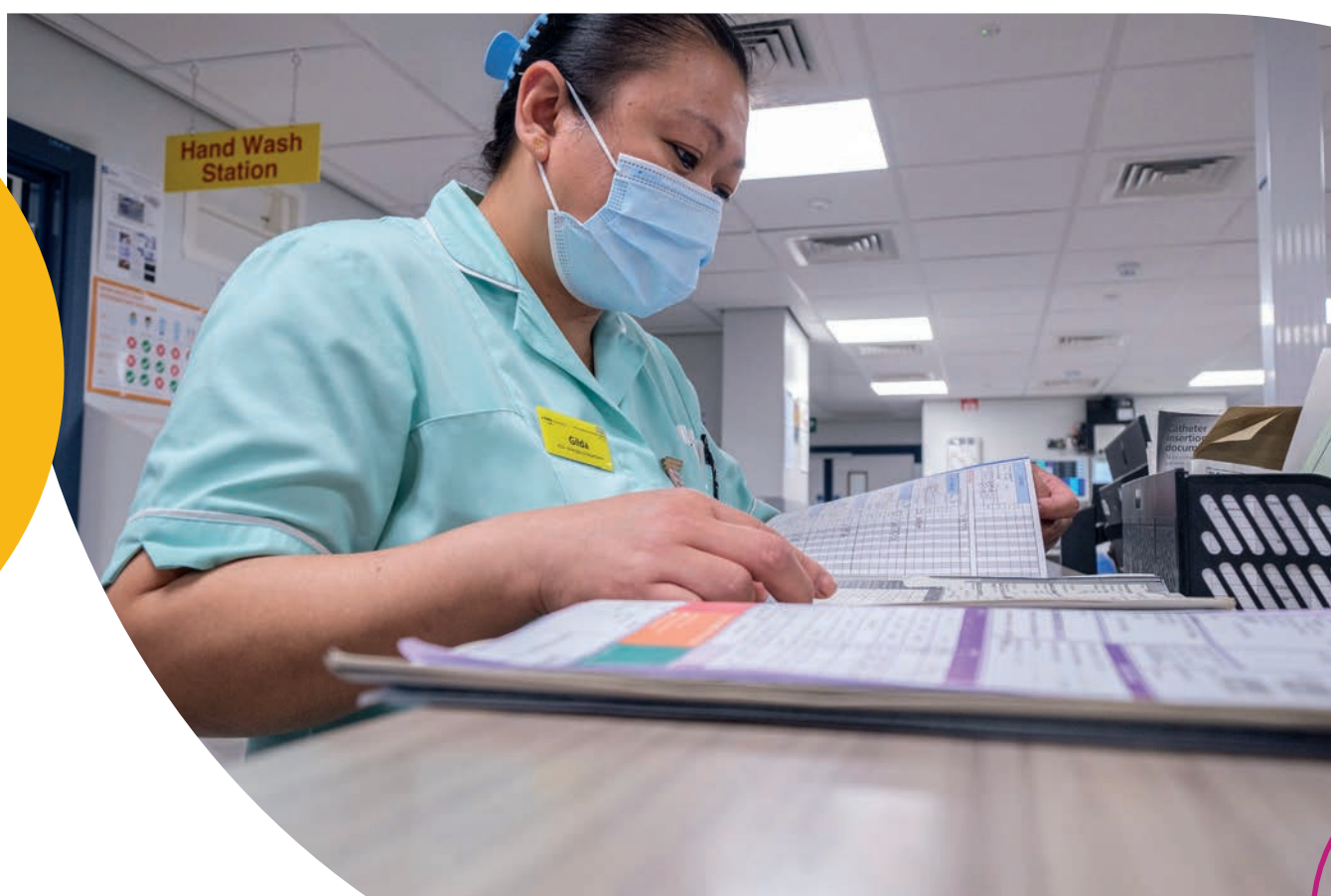


The data shows a consistent difference in reporting, it should be noted that overall less BME staff have responded to the staff survey, creating a challenge to understand the true reflection of the feedback. To address supporting staff in this area we launched (in collaboration with the ICS) the Work without fear campaign, including posters across the trust, 'Work without Fear' which contains a flow chart in identifying a robust report mechanism, to ensure consistency across the wider Trust. A new Work without fear group has been established attended by Freedom to speak guardians, EDI team and People and OD business partners.

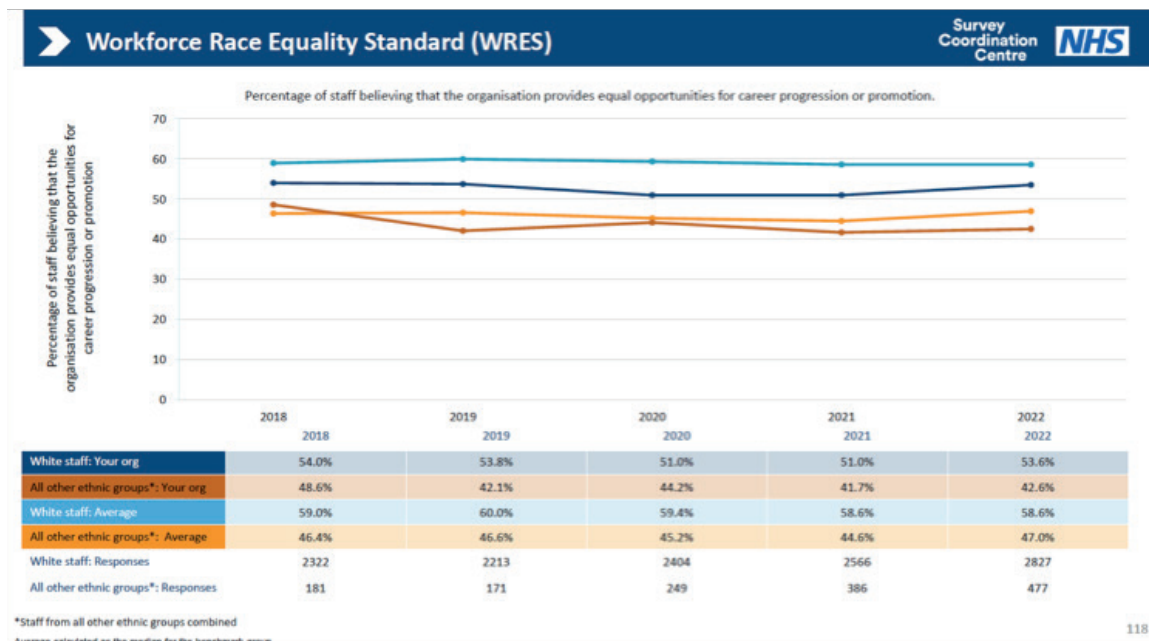
Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



The data shows our BME experiencing harassment, bullying or abuse from staff in the last 12 months in our organisation is 21.7% which is above the national average of 17.3% in 2022. However, we have improved since last year which was 24.0%, we will work to make further improvements.



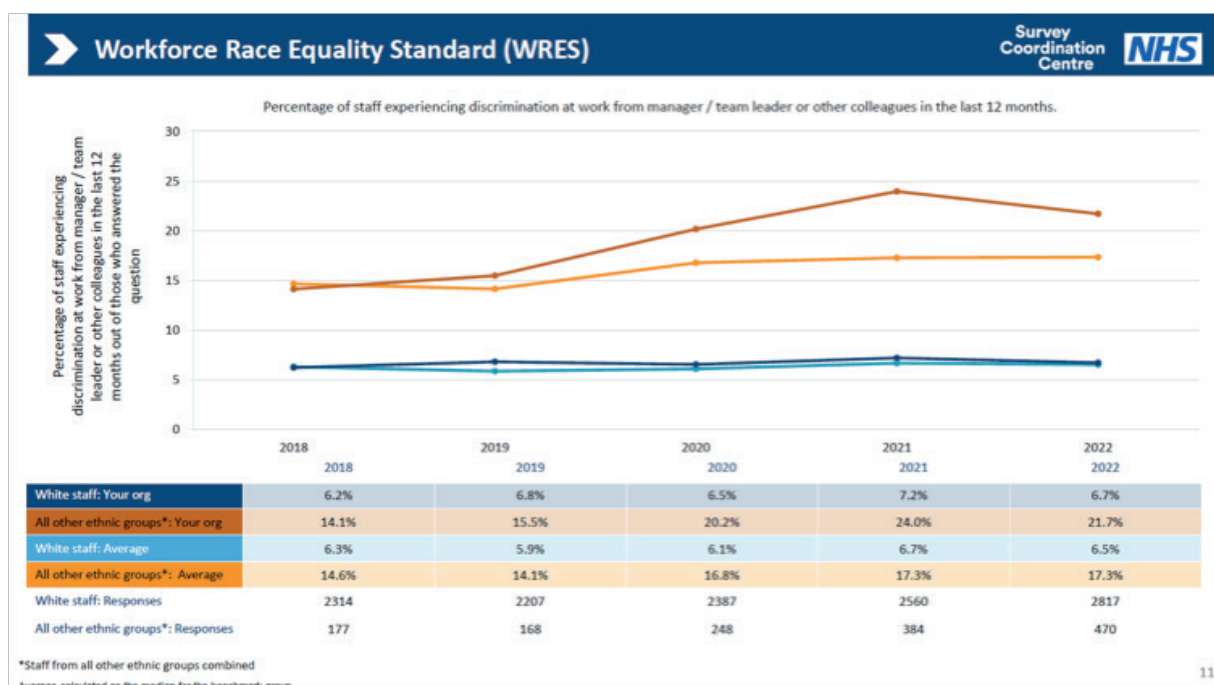
Indicator 7 - Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.



The data shows that staff from other ethnic groups report about 10% more negatively in this area. To address this, we have introduced our Galvanise BME Leadership programme and launched new Talent Conversations to support ongoing development.

We continue to encourage staff to report incidents of racial abuse and bullying of all kinds. We continue to promote our Freedom to Speak Up access routes, in addition to the usual employee relations processes for raising of such concerns.

Indicator 8 - Percentage of staff experiencing discrimination at work from Manager/Team Leader or other colleagues in the last 12 months



An analysis of the survey data reveals a significant contrast in reported experiences of harassment or bullying within our workforce. White staff indicate a 6.7% occurrence of such incidents originating from colleagues, whereas their counterparts from other ethnic backgrounds report a markedly higher rate of 21.7%. This glaring discrepancy underscores a matter of concern, particularly when considering the survey's limitation in capturing a comprehensive perspective. This highlights the need for more engagement and participation from all segments of our staff, ensuring a more accurate reflection of the challenges faced by our diverse workforce.

We seek to ensure a positive working environment and working relationships which enable all individuals to perform to their best. We will continue to work to create a culture in which all colleagues feel supported equitably. We will continue to work to close the gap on experiences of discrimination for staff who identify as having BME heritage and those who don't. This year this will be key to our culture of inclusion development and educational approach, especially leadership education and development.

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			2023		
		White	BME	Ethnicity Unknown	White	BME	Ethnicity Unknown
Percentage difference between the organisations' Board voting membership and its overall workforce Note: only voting members of the Board should be included when considering this indicator.	Total Board members	14	1	1	13	2	1
	of which: Voting Board members	11	0	1	11	1	1
	Non-voting Board members	3	1	0	2	1	0
	Exec Board members	8	1	0	8	1	0
	Non-exec Board members	6	0	1	5	1	1
	Number of staff in workforce	5685	1317	75	5850	1576	63
	Total Board Members - % by Ethnicity	87.50%	6.30%	6.30%	81.3%	12.5%	6.3%
	Voting Board Members - % by Ethnicity	91.70%	0	8.30%	84.6%	7.7%	7.7%
	Non-voting Board Members - % by Ethnicity	75%	25%	0%	66.7%	33.3	0%
	Executive Board Members - % by Ethnicity	88.90%	11.10%	0%	89.9%	11.1%	0%
	Non-executive Board Members - % by Ethnicity	85.70%	0%	14.30%	71.4%	14.3%	14.3%
	Overall Workforce - % by Ethnicity	80.30%	18.60%	1.10%	78.1%	21%	0.8%
	Difference (Total board - Overall workforce)	7.20%	12.40%	5.20%	3.2%	-8.5%	5.5%

Figures are automatically calculated on the WRES template.

Summary WRES and Staff Survey metrics

Areas we have seen improvements for BME staff

- While the overall instances of disciplinary proceedings have risen by 1 case, it is noteworthy that unlike previous years, there is no discernible disparity between white and BME staff.
- Positive increase in BME staff in B7 and B8.

Continued areas for more focus and improvement for BME staff:

- Appointment to roles across all posts, especially monitoring our performance against our band 7 and above objective.
- 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.
- Greater participation in staff survey to improve strength of data
- Equal opportunities for career progression and promotion
- Representation in Senior and board level roles

National guidance and additions this year to WRES

NHS SIX HIGH IMPACT ACTIONS AND EDI DASHBOARD

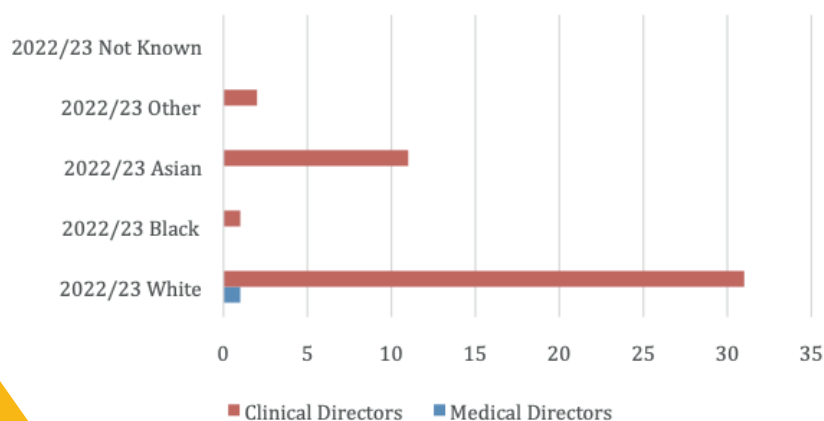
Six High Impact EDI Actions for the NHS have very recently been published, along with some proposed NHS EDI Metrics that are being developed into a national EDI performance dashboard, which is due to be completed by December 2024. These have been considered by the SaTH EDI Group (formerly EDI Performance Group) and Operational People Group, which agreed these should be adopted. Our EDI plan will be aligned to the High Impact Action headings. As the national dashboard will not be available for some time, we will use these metrics to develop our own to include a measure on reasonable adjustments.

Medical and Non-Medical WRES data

The number of staff in each medical and dental subgroup, disaggregated by ethnicity (based on the workforce as of 31st March in the reporting year)

Metric 1a - Medical & Dental

	2022/23 White	2022/23 Black	2022/23 Asian	2022/23 Other	2022/23 Not Known
Medical Directors	1	0	0	0	0
Clinical Directors	31	1	11	2	0

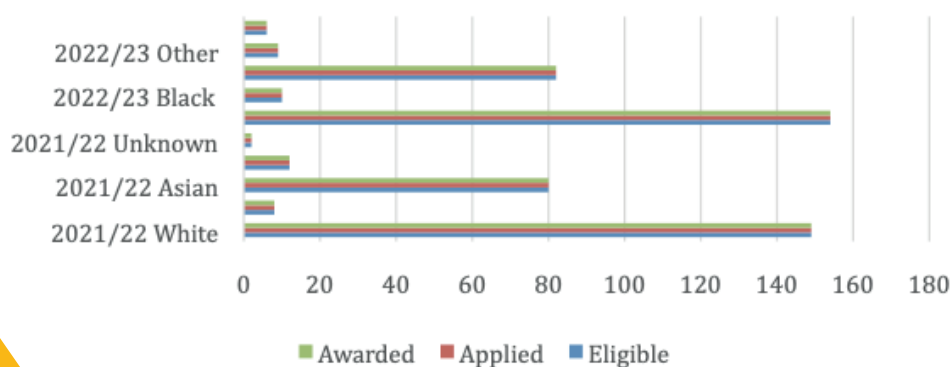


Metric 1b Clinical Excellence Awards

The number of staff eligible for, who applied for, and who were awarded a Clinical Excellence Award, disaggregated by ethnicity (based on the financial year)

The Clinical Excellence Awards for 21/22 and 22/23 were a split award as per COVID so no application round so the figures will be the same in each column.

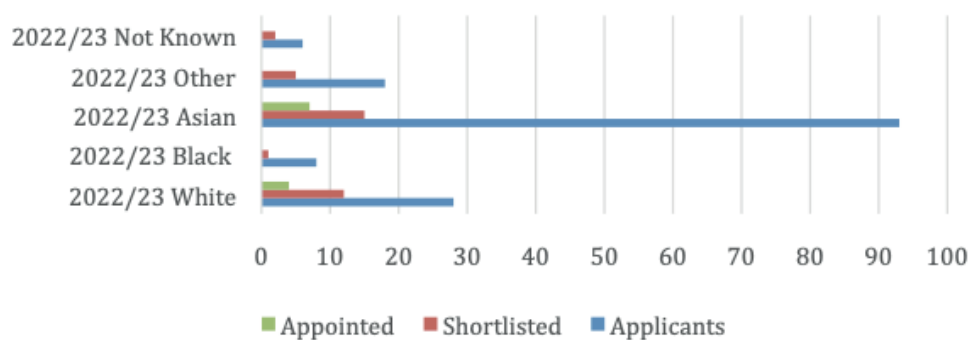
Metric 1b - Clinical Excellence Awards	2021/22 White	2021/22 Black	2021/22 Asian	2021/22 Other	2021/22 Unknown
Eligible	149	8	80	12	2
Applied	149	8	80	12	2
Awarded	149	8	80	12	2
Metric 1b - Clinical Excellence Awards	2022/23 White	2022/23 Black	2022/23 Asian	2022/23 Other	2022/23 Unknown
Eligible	154	10	82	9	6
Applied	154	10	82	9	6
Awarded	154	10	82	9	6



Metric 2 - Consultant Recruitment

Consultant recruitment disaggregated by ethnicity (based on the financial year)

	2022/23 White	2022/23 Black	2022/23 Asian	2022/23 Other	2022/23 Not Known
Applicants	28	8	93	18	6
Shortlisted	12	1	15	5	2
Appointed	4	0	7	0	0



Indicator 2

All Genders

The number of bank workers by ethnic grouping entering a formal disciplinary process over a 12 month period. This applies to externally provided bank workers/staff to your trust. For trusts that use a mixture of providers (internal and external) the ethnic group count must be combined for this submission.

This data is showing that we have had 2 white and 1 black African members of staff that have entered the formal disciplinary process in the last 12 months.

All bank staff in the last 12 months																
All genders																
White			BME													
			Mixed				Asian or Asian British				Black or Black British			Other Ethnic Groups		
British	Irish	background	White and Black Caribbean	White and Black African	White and Black Asian	Background	Indian	Pakistan	Bangladesh	Background	Caribbean	African	Background	Chinese	Any other ethnic group	Not stated
2												1				

* Number of bank workers entering the formal disciplinary process in the last 12 months (including externally provided bank workers)



Indicator 3

All Genders

The number of dismissals by ethnic grouping for bank workers over a 12 month period (conduct and capability cases only)

This data shows that there has been 2 white British and 1 black African member of staff that have been dismissed in the last 12 months.

All bank staff in the last 12 months															
All genders															
White			BME												
			Mixed				Asian or Asian British				Black or Black British			Other Ethnic Groups	
British	Irish	background	White and Black Caribbean	White and Black African	White and Black Asian	Background	Indian	Pakistan	Bangladesh	Background	Caribbean	African	Background	Chinese	Any other ethnic group
2												1			
															Not stated

* Number of bank worker dismissals in the last 12 months

Progress against WRES Action Plan 2022-2023

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.

The table below provides an update on the actions and includes the planned actions for 2023/24.

	Objective	Intention	Responsibility	By	Progress	Action for 2023/24
1	<p>Develop the new BME staff network and seek Chair/ Co-Chair from within the network.</p> <p>Ensuring members feel supported and encouraged to participate.</p> <p>Develop a robust communications and marketing plan for the networks and encourage Active Allies</p>	To increase staff voice and engagement from key staff groups	Equality Diversity & Inclusion Lead	Dec 2020	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 – Data levels remain consistent since 2019.	EDI and FTSU team working together on Anti Racism Plan. Civility Respect & Inclusion programme – Data levels remain consistent since 2019. To address supporting staff in this area the Trust has launched (in collaboration with the ICS) the Work without fear campaign including posters across the trust. In 2023 we will introduce 'work without fear' a flowchart on how to report incidents to ensure consistency across all wards and departments. A new discrimination and harassment group has been established consisting attended by Freedom to speak guardians, EDI team and senior HR business partners.

Progress against WRES Action Plan 2022-2023 (cont.)

	Objective	Intention	Responsibility	By	Progress	Action for 2023/24
3	Conduct confidential survey and Listening Events of BME 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 Human libraries and EDI events.	CEO co-ordinated meeting with all Network members
4	Embed the Cultural Calendar develop a programme of events to mark: Holocaust Memorial Day South Asian History Month Gypsy and Traveller Month Black History Month	To create an inclusive workplace, valuing diversity and creating a sense of belonging	Equality, Diversity & Inclusion Lead & Communications Lead	Mar 2021	EDI Team working with ICS on upcoming events to ensure there are events throughout the year	focus on next steps following feedback.
5	Introduce a BME 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	Mar 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.	Leadership programs, re-run for cohort #2 the Galvanise mentoring program. Talent management

Progress against WRES Action Plan 2022-2023 (cont.)

	Objective	Intention	Responsibility	By	Progress	Action for 2023/24
6	Develop Positive Action recruitment activity such as: 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. Workshop established in retention group.	Increase BME representation in all stages of recruitment, in particular monitoring band 7 and above improvement
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 and Recommendation

The significance of WRES data reporting within the NHS cannot be overstated, as it serves as a compass guiding us towards a more equitable and inclusive healthcare environment. For the Board, receiving this data is not merely an exercise in data collection; it's a commitment to scrutinising the realities faced by our diverse workforce. As we deliver to the report, it becomes evident that it doesn't just chronicle positive initiatives aimed at enhancing our Trust, but also underscores the essential truth that transformative change takes time, unwavering support, investment, and sustained commitment. These initiatives, though promising, are akin to planting seeds that require nurture and cultivation to yield meaningful, lasting outcomes reflected in the data. An aspect that emerges is the need to foster greater participation from BME staff in the staff survey. This participation is vital to ensure a more comprehensive and nuanced data return, which in turn, equips us with the insights necessary to drive more impactful improvements. In essence, the journey embarked upon showcases palpable progress, yet it is collectively recognised that concerted efforts are imperative, both in terms of encouraging wider engagement and collaborating synergistically with ICS partners a collective effort is required to encourage greater engagement, ensuring a richer and more accurate portrayal of our workforce's experiences and perspectives.

A recent independent article (Adebowale, 2022), stressed the need for deep seated cultural change in the NHS on race inclusion, essential to avoid putting patients and staff who are people of colour at risk.

The need to develop greater race inclusion and equality continue to remain both an immediate and a long-term challenge. Our people need a compassionate and inclusive culture, an organisation where all colleagues feel looked after, valued and have a sense of belonging.

The Trust has made progress in our inclusion - and specifically our race inclusion over the past few years. However, collectively as individuals, as an organisation and working as a system we need to continue

our journey to address the cultural and organisational factors which means BAME experience poorer employment prospects and experiences than their white counterparts in the NHS on a range of indicators.

We have also recently commenced work on #HRInclusive and to develop a detailed and evidence-based action plan around this.

Board members, the Trust Senior Leadership Team (SLT) are asked to: -

- Note the progress with our 2022-23 WRES actions and journey.
- Approve this 2023 WRES report and Action Plans for publication with on the Trust's website.
- Continue to act as an active ambassador of race inclusion and anti-racist culture.

Appendix One- WRES Action Plan 2023/24

Action	Measure	Review	Responsible Officer	EDS 2 & High Impact Action
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	Mar 2021	Inclusive Leadership & HIA 1 & 3
Support our staff networks to develop; review the purpose and align with executive mentoring to ensure our people are supported to speak up and feel heard. Ensure the Governance structure is robust and put monitor its progress.	WRES Metric 4-8	Annually	People & OD Director	A represented and supported workforce & HIA 1 & 4
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 & HIA 2
Culturally enrich our organisation by reflecting the diverse communities we serve- Improve disability representation across all roles including band 7 and above. Continue to work with the ICS and Patient Participation to improve this.	WRES Metrics 1-2 & 9	Bi Annually	People & OD Director	Improve patient access and experience & HIA 4 & 6
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 Annually	People & OD Director	Inclusive Leadership & HIA 2
Enrich our Organisational development offer, so staff are informed and empowered, and people experience for all is improved.	WRES metric 4-8 Staff Survey	Bi Annually	People & OD Director	A represented and supported workforce Inclusive Leadership & HIA 1 & 6

NHS Equality, Diversity, and Inclusion Improvement Plan

The aim of this plan is to improve equality, diversity, and inclusion, and to enhance the sense of belonging for NHS staff to improve their experience. The actions set out are intended to positively impact groups and individuals beyond the terms and definitions of protected characteristics as defined in the Equality Act 2010.

The high impact actions plan is developed to be intersectional. It recognises that people have complex and multiple identities, and that multiple forms of inequality or disadvantage sometimes combine to create obstacles that cannot be addressed through the lens of a single characteristic in isolation.

The improvement plan sets out six targeted actions, listed below to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

High impact action 1:

Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

High impact action 2

Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

High impact action 3:

Develop and implement an improvement plan to eliminate pay gaps.

High impact action 4:

Develop and implement an improvement plan to address health inequalities within the workforce.

High impact action 5:

Implement a comprehensive induction, onboarding, and development programme for internationally recruited staff.

High impact action 6:

Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Source: NHS England » NHS equality, diversity, and inclusion improvement plan



NHS Workforce Disability Equality Standard (WDES)



**Disability, Ability &
Wellbeing Network**

**Annual
Report**
2022/2023

Introduction

NHS organisations can compare the workplace and career experiences of Disabled and non-disabled staff through the enablement of ten specific measures obtained through the WDES data set. This collated and analysed metric data are used to develop and publish an action plan, allowing for year-on-year comparison which 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 2023 and from the 2022 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 2022-23.

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





Executive summary

Inequalities in any form goes against everything we are striving for with our values. Fair treatment of staff is not only the right thing to do, evidenced based research directly links to better clinical outcomes and better experience of care for patients. We continue to be committed and 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. Developing a more inclusive workplace is therefore a key element of our plans.

All NHS Trusts are required to report performance against a range of race and disability equality metrics on an annual basis. These are known as the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES), our submission has been made accordingly with data submitted to NHS England at the end of May. Our submission was duly made. There is much data, and some is taken from the Staff Survey 2022, which has previously been shared and discussed with the Board. Our results show that there has been improvement in some areas, such as, more staff declaring their long-term condition (LTC) or illness and increase in adequate reasonable adjustments being made for our staff. In other areas, further improvement is still needed in the likelihood of staff with LTC or illness entering formal processes and staff reporting harassment, bullying or abuse from their line manager.

By improving the experience for our staff, we will improve the experience for our patients, engagement of staff has a direct correlation to patient care, *NHSE analysis of NSS data 2021*. Addressing harassment, bullying and abuse, fair recruitment and the implementation of reasonable adjustments for staff with long term health conditions remain priorities and are outlined in recently published NHS EDI Improvement plan which prioritises Six High Impact Actions. It has been agreed that we adopt the recently published NHS EDI Improvement plan and Six High Impact Actions, which includes introducing equality objectives for Board members. It has also agreed the use of the NHS EDI metrics, many of which we are already working on. A national dashboard is being developed but it is not due for completion until next year.

Our WDES results and plans have previously been considered by our SaTH EDI Group (formerly EDI Performance Group) and shared with our disability staff network. Our WRES will have a separate annual report.

Our workforce demographic continues to change, and we have worked to promote our electronic staff record (ESR) self-services to encourage staff to update their details without the need to go through any other staff member. Staff are therefore empowered to declare their disability status with the assurance that they will be supported and enabled to be the best they can be with an employer that provides a great work experience.





Summary of our progress against WDES Metrics 2022/23

Metric 1 Workforce Representation 3.8%

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 3.8% of our workforce have shared the details about their disability with us through the Electronic Staff Record (ESR), an increase of 0.8% since 2020/21 and 0.3% since 2021/22. This is following some work to improve reporting but is still likely to be under-representative of the actual numbers. Nationally, approximately 20% of the working age population have a disability, with almost half currently in employment. The demographic profile of the Trust's Clinical and Non-Clinical workforce by disability showed under-representation at senior level roles within the Trust at Bands 8a, b, c, d and Band 9.

We have continued to promote our ESR self-service to encourage staff to update their EDI details. More so by engaging and learning from our staff network, DAWN (Disability, ability, wellbeing network) staff network, we are monitoring the process for reasonable adjustments and accessing the impact. There is also work being undertaken through our retention group, looking at a wider area on how improvements can be made and where they need to be made in our recruitment processes and beyond.

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)

Metric 1 - non-clinical

The 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. The data for this Metric is a snapshot as of 31 March 2023. **(Data source: ESR)**

If including Agency staff, please enter them in the "Other" category.

Disability Unknown refers to those staff who have indicated that they prefer not to say, as well as those who have not responded to the disability monitoring question in ESR.

See next page





	Disabled Headcount	Disabled Percent	Non-Disabled Headcount	Non-Disabled Percent	Disability Unknown Headcount	Disability Unknown Percent	Total Headcount
Under Band 1	1	20%	4	80%	0	0%	5
Band 1	1	9.1%	3	27.3%	7	63.6%	11
Band 2	26	4.3%	511	83.8%	73	12%	610
Band 3	15	3.9%	344	90.1%	23	6%	382
Band 4	14	4.2%	283	85.2%	35	10.5%	332
Band 5	8	4.5%	154	87.5%	14	8%	176
Band 6	6	5.1%	97	82.9%	14	12%	117
Band 7	4	3.9%	89	86.4%	10	9.7%	103
Band 8a	5	6.8%	62	83.8%	7	9.5%	74
Band 8b	1	2.4%	37	90.2%	3	7.3%	41
Band 8c	0	0%	23	95.8%	1	4.2%	24
Band 8d	0	0%	8	100%	0	0%	8
Band 9	1	11.1%	8	88.9%	0	0%	9
VSM	0	0	9	90%	1	10	10
Other e.g. Agency and/or any other groups, please specify	0	0	0	0	0	0	0

Total non-clinical

Non-clinical summary by pay band grouping

	Disabled Headcount	Disabled Percent	Non-Disabled Headcount	Non-Disabled Percent	Disability Unknown Headcount	Disability Unknown Percent	Total Headcount
AfC Bands 1 (and under), 1, 2, 3 and 4	57	4.3%	1145	85.4%	138	10.3%	1340
AfC Bands 5, 6 and 7	18	4.5%	340	85.9%	38	9.6%	396
AfC Bands 8a and 8b	6	5.2%	99	86.1%	10	8.7%	115
AfC Bands, 8c, 8d, 9 and VSM	1	2%	48	94.1%	2	3.9%	51
	82	4.3%	1632	85.8%	188	9.9%	1902



Metric 1 - clinical

The percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. The data for this Metric should be a snapshot as of 31 March 2023.

If including Agency staff, please enter them in the "Other" category.

Disability Unknown refers to those staff who have indicated that they prefer not to say, as well as those who have not responded to the disability monitoring question in ESR.

	Disabled Headcount	Disabled Percent	Non-Disabled Headcount	Non-Disabled Percent	Disability Unknown Headcount	Disability Unknown Percent	Total Headcount
Under Band 1	0	0%	2	100%	0	0%	2
Band 1	1	??%	0	??%	0	??%	0
Band 2	55	4.5%	1065	86.9%	105	8.6%	1225
Band 3	18	4.2%	377	88.1%	33	7.7%	428
Band 4	3	1.6%	177	92.7%	11	5.8%	191
Band 5	45	3.9%	1059	91.4%	55	4.7%	1159
Band 6	47	4.5%	889	84.9%	111	10.6%	1047
Band 7	11	2%	458	85.3%	68	12.7%	537
Band 8a	2	1.4%	124	89.2%	13	9.4%	139
Band 8b	7	11.3%	46	74.2%	9	14.5%	62
Band 8c	0	0%	8	88.9%	1	11.1%	9
Band 8d	0	0%	2	66.7%	1	33.3%	3
Band 9	0	0%	2	66.7	1	33.3%	3
VSM	0	0	3	100%	0	0	3
Other e.g. Agency and/or any other groups, please specify	0	??%	0	0	0	0	0
Medical & Dental Staff, Consultants	0	0%	273	90.1%	30	9.9%	303
Medical & Dental Staff, Non- Consultants career grade	3	3%	92	92%	5	5%	100
Medical & Dental staff, trainee graders	9	2.4%	326	86.7%	41	10.9%	376
Total clinical	188	3.9%	4212	87.6%	408	8.5%	4808
Total medical & dental	12	1.5%	691	88.7%	76	9.8%	779
Total clinical & non-clinical	282	3.8%	6535	87.3%	672	9%	7489



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 1.03 times more likely to be shortlisted compared to disabled applicants. This has decreased from 1.30 in 2021/22 evidencing a reduction in the likelihood of non-disabled staff being more likely to be shortlisted compared to disabled staff. This data reflects the direction towards which our organisation has been working. 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. We offer reasonable adjustments at interviews and are trialling sending questions out before interviews.

We have worked to achieve our Disability Confident Employer level 2 accreditation and are current participants in the NHS Employers Partners Programme. We are committed to supporting mental health at work and are a mindful employer.

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.

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	516	6890	512
Number appointed from shortlisting	153	2105	412
Likelihood of shortlisting/appointed	0.3	0.31	0.8
Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts			1.03



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 is based on a two-year rolling average (April 2021 to March 2023) and this year's data has shown an increase in the likelihood of disabled staff entering a formal capability process compared to non-disabled staff. Having recorded 1.45 in 2021 and 1.22 in 2022, it has risen to 3.08 for this year's report. This has not followed the trend that we aim towards as an organisation as we had previously seen a reduction in our figures. However, the numbers used to calculate this indicator are rather small so that large variations are possible year on year. It is therefore one to monitor for trends over time rather than focusing too much on individual years.

Moreover, as a Trust, we continue to 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	282	6535	672
Average number of staff entering the formal capability process for any reason	1	7.5	1.5
Of these, how many are on the grounds of ill health	0	0	0
Likelihood of staff entering the formal capability process	0.003546	0.001148	0.002232
Relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff			3.088850

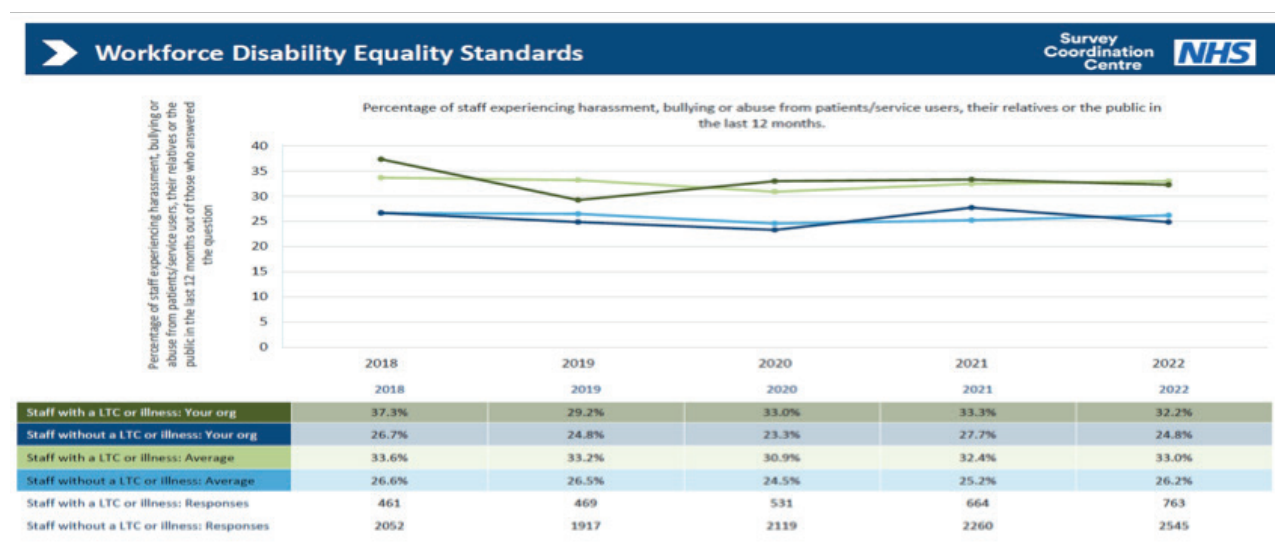


Staff Survey Findings- Metrics 4- 9. (Please note, metrics 4 to 9 are sourced from the NHS Staff Survey). We have identified some data errors in respect of the 2020/21 data reported, this is amended in the data shared below.

The percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. The data for this Metric should be a snapshot as of 31 March 2023.

If including Agency staff, please enter them in the "Other" category.

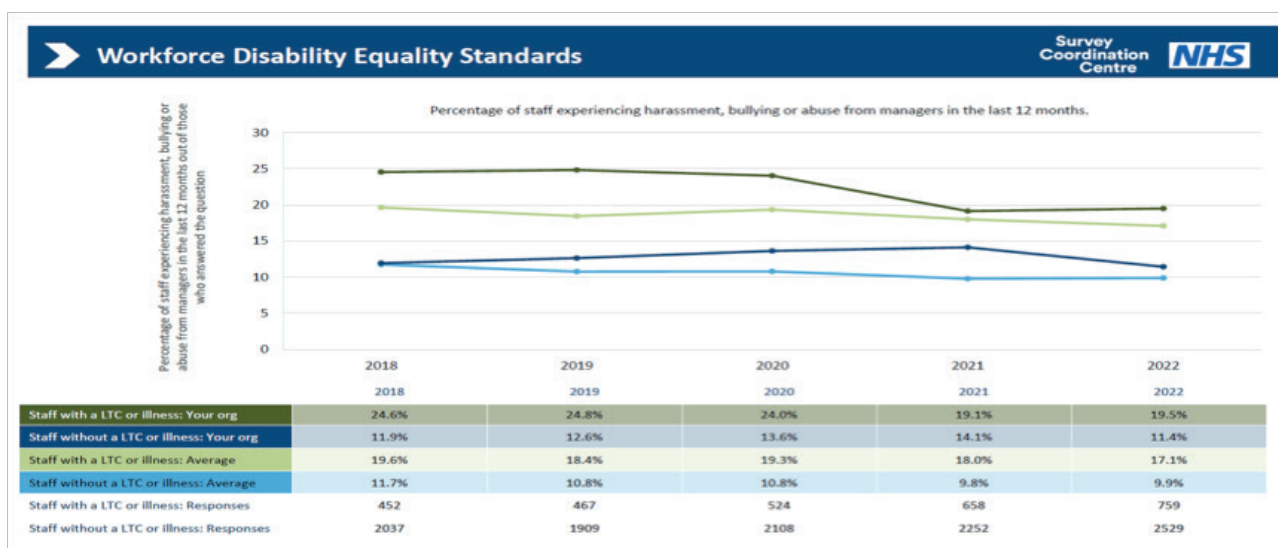
Disability Unknown refers to those staff who have indicated that they prefer not to say, as well as those who have not responded to the disability monitoring question in ESR.



Percentage of staff with a LTC of illness experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months has decreased from 33.3% to 32.2%. This has also decreased for staff without a LTC or illness, this is another step towards the direction to gain disability equality within our Trust and remain a key focus for continuous improvement.

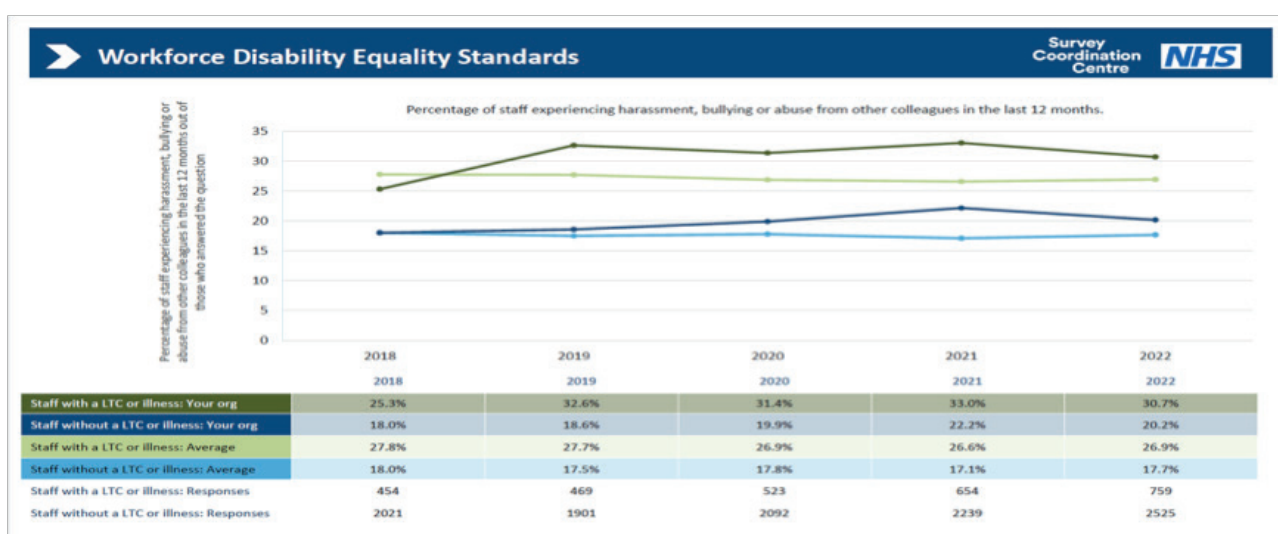
In 2022 we looked at our HR processes and we continue to embed our just culture and learning by engaging with colleagues and staff networks. The work without fear Group and our Retention Group are working to ensure the gaps identified by staff in our surveys are filled and reasonable attempts made to resolve issues in a timely basis. Our EDI Team, People teams and Freedom to speak up Guardians work closely together with our staff side colleagues to ensure appropriate steps are taken.

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.

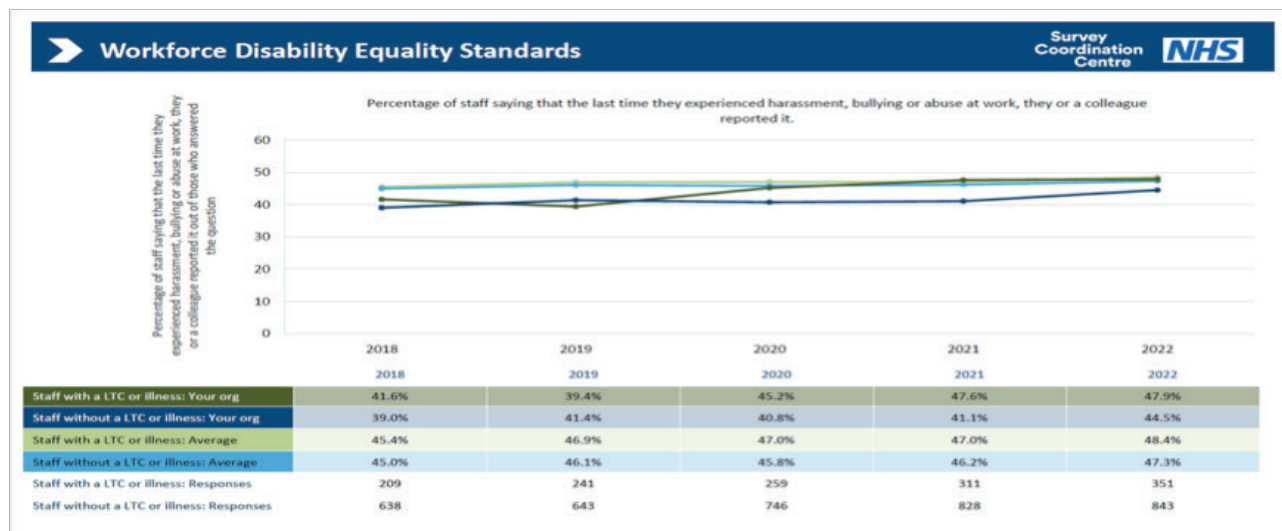


Percentage of staff with a LTC or illness experiencing harassment, bullying or abuse from their line Manager in last 12 months has seen a slight increase from 19.1% to 19.5%

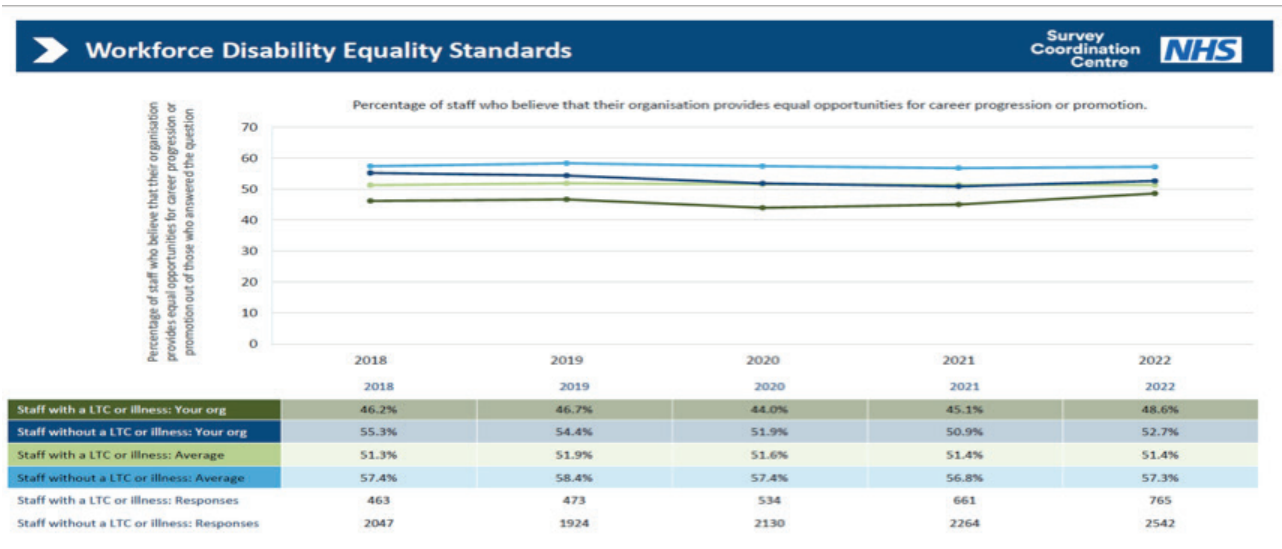
We have offered Unconscious Bias Workshops, as well as training sessions on having difficult conversations via Learning Made Simple (LMS) for all staff to attend. These workshops have provided a 'safe space' for staff to learn, share and self-reflect, to gain a better understanding of personal bias's 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 values and behaviours of "Partnering, Ambitious, Caring, and Trusted."



Percentage of staff with LTC or illness experiencing harassment, bullying or abuse from their colleague in last 12 months has decreased from 33.0% to 30.7%. We have continued to offer our Civility Respect and Inclusion programme which includes four key building blocks to improve culture and how it feels to work here. 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).

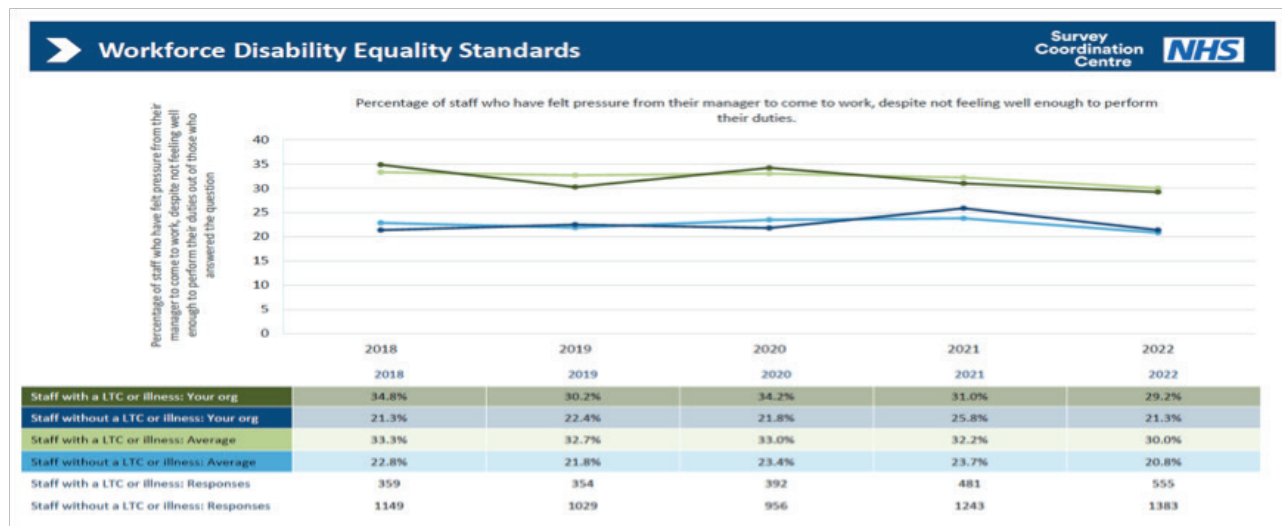


Percentage of staff with a LTC or illness saying that the last time they faced harassment, bullying or abuse, that they or a colleague reported it has seen a slight increase from 47.6% to 47.9%. Our EDI team and staff network provide a safe space for colleagues to receive support from other members including ally's. We have invested in promoting through FTSU our campaigns to encourage people to share experiences so while this is encouraging, we recognised the work must continue to build and maintain Trust.



Percentage of staff with a LTC or illness who believe the organisations offers equal opportunities for career progression and promotion has increased from 45.1% to 48.6%. We continue to offer our leadership development programmes and throughout 2022/2023 have continued to improve this offer. Following a pilot and review of our leadership programme for colleagues from ethnic backgrounds, it presents an opportunity to explore the possibilities of a specific programme for colleagues with a disability. We are considering more options to monitor this, and one is having a Leadership programme like our Galvanise BME Leadership programme. We have also launched our new Talent Conversations. We have also launched the national DFN Project SEARCH which is a transition to work programme for students with learning disabilities and autism with ambitions to get 10,000 young adults with learning disabilities and autism into full-time paid jobs over the next decade, we have recruited students into this project this year.

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.



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 34.8% to 29.2%. This is encouraging as we also note a decrease with other staff from 25.8% in 2021 to 21.3%. It has been a difficult period for the NHS since 2020 but this has enabled us to focus much more on health and wellbeing, and our new psychological hub launched in March 2023 will continue to provide support for our people as a top priority.

We have promoted:

1

Health and Wellbeing Attendance Policy and Action Plan, our hard ship and other initiatives and offers being offered from this platform this year.

▶▶▶

2

Internal communications on staff wellbeing services

▶▶▶

3

We have introduced and promoted our new staff psychology hub

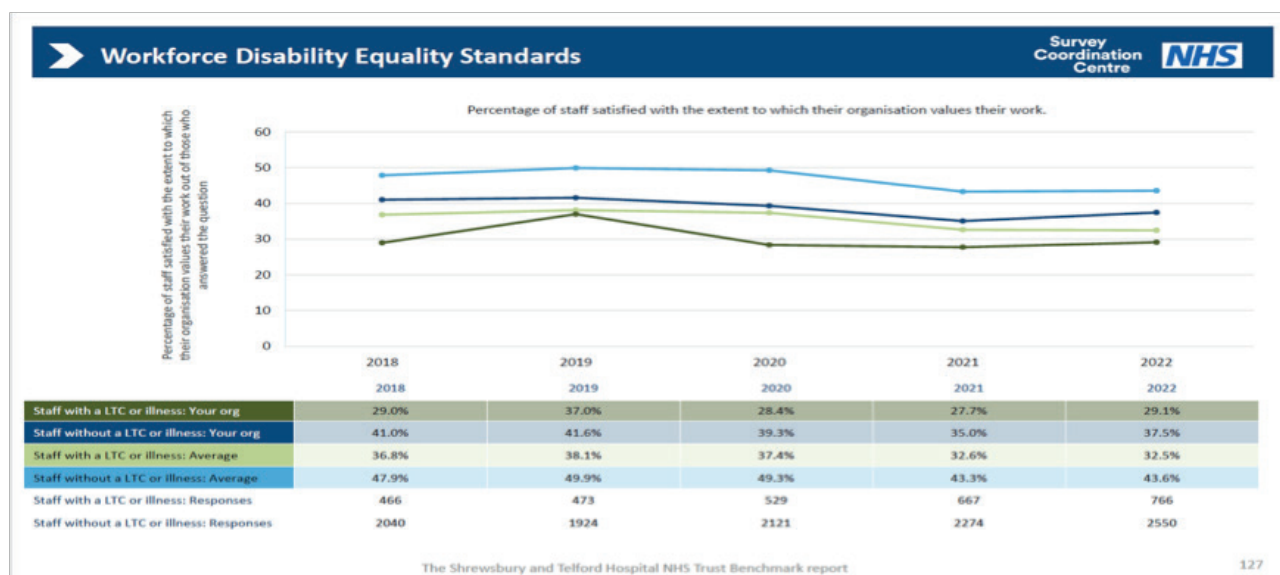
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4

Training for managers, we have introduced a number of different training modules and leadership programmes this year, for example Striving to Excellence Programme (STEP).

▶▶▶

The Trust has revised and improved our flexible working policy for all staff. We also have a Flagship programme on Flexible Working which started in 2022.



Percentage of staff satisfied with the extent to which their organisation values their work increased from 27.7% to 29.1%. It is notable this has also increased for other staff. The decrease recorded in 2020 could likely be attributed to the impact of the COVID 19 pandemic and political influences alongside organisational level cultures. Improving the staff experience for all staff at SaTH has remained a key priority alongside the leadership development programmes we have been delivering throughout 2022/23 as well as the launch of our management competencies which will mutually support how staff feel valued and how we meet basic needs through good management and leadership.

We have promoted: Work programmes to promote staff satisfaction includes:

1

Working with disability networks/ groups



2

Promoting staff health and wellbeing days / events



3

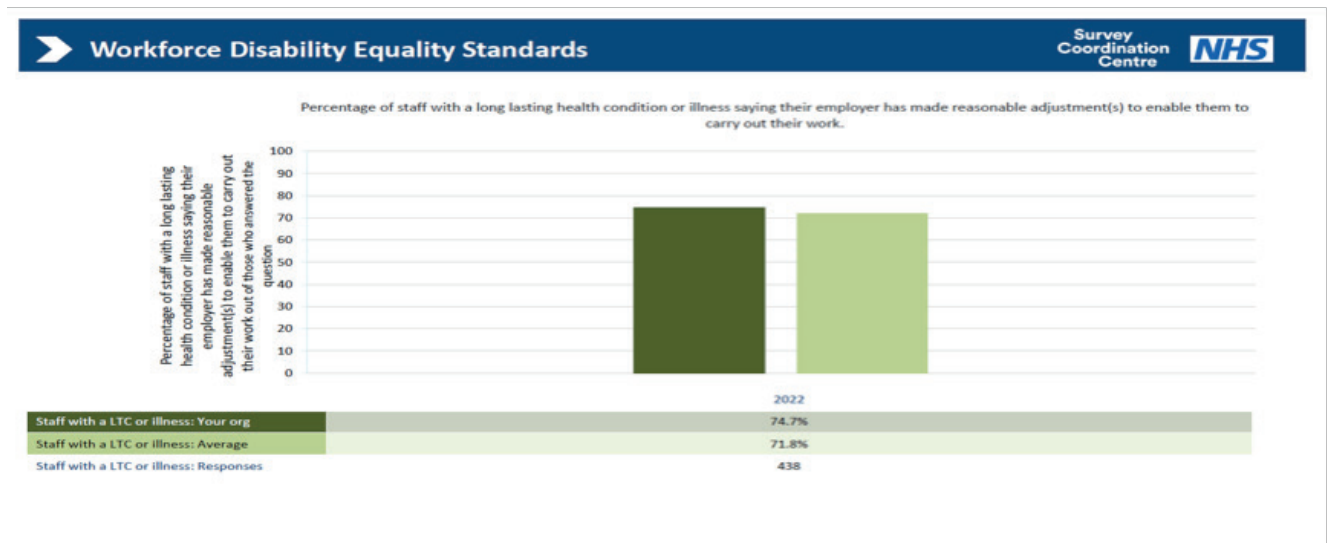
Retention group working towards recruitment and reasonable adjustments.



4

Looking at next steps and action plan from our staff survey results

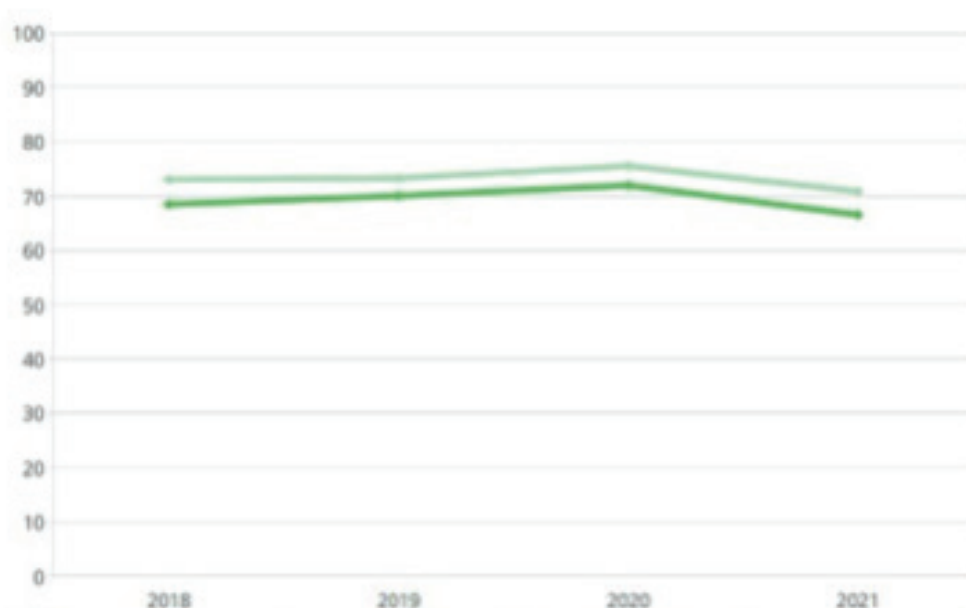




Further contributing to the improvement of our staff experience is the use of our disability/health passport. This helps employees and managers understand an employee's disability and the support they require. They use this within their own department and, if they transfer to a new department it travels with them so their new manager can understand their needs.

Survey
Coordination
Centre2021 NHS Staff Survey Results > WDES > Percentage of staff with
a long lasting health condition or illness saying their employer has
made adequate adjustment(s) to enable them to carry out their work

Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work



	2018	2019	2020	2021
Staff with a LTC or illness: Your org	66.5%	70.1%	72.0%	66.6%
Staff with a LTC or illness: Average	73.1%	73.3%	75.5%	70.9%
Staff with a LTC or illness: Responses	270	294	332	374

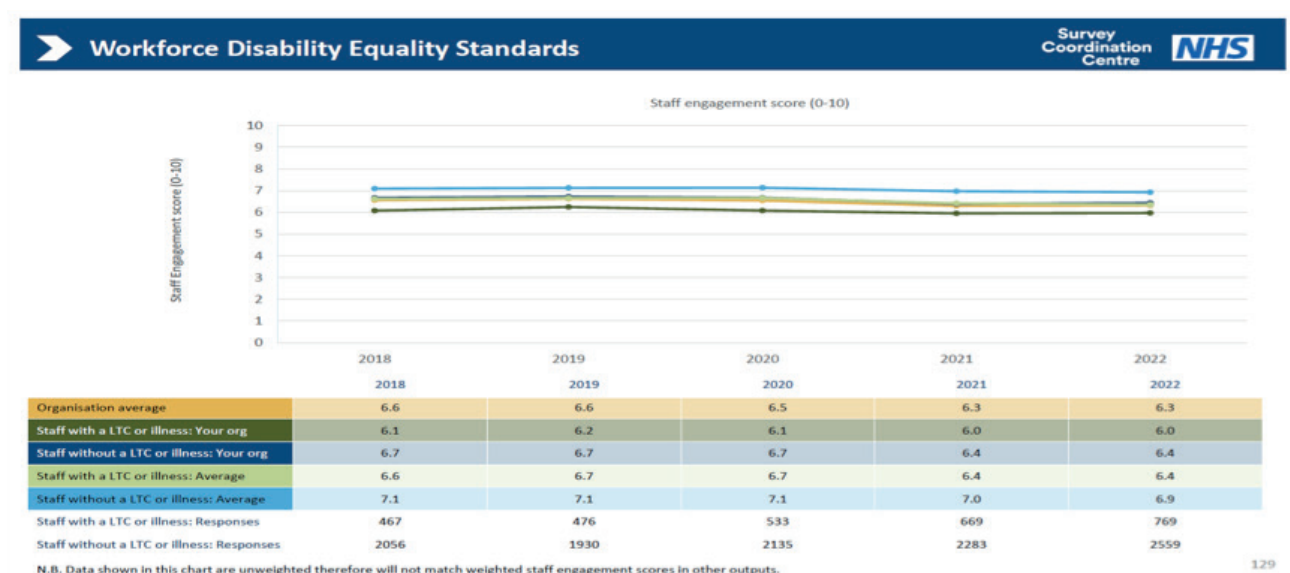
Average calculated as the median for the benchmark group

Percentage of staff with a long-lasting health condition or illness saying their employer has made adjustment to enable them to carry out their work has increased from 66.6% to 74.7%. This is particularly encouraging as this is the highest percentage that we have recorded over the last 5 years as an organisation. This also amplifies the impact of the improvements made through education, awareness, and support from our staff networks.

Furthermore, our Employee Wellbeing and Attendance Management policy covers reasonable adjustments. For new recruits, we have introduced a process whereby if reasonable adjustments are identified during the recruitment process, a member of the Recruitment Team will contact both the candidate and the line manager to ensure that discussions have/will take place re: reasonable adjustments and a follow up email will be sent 3 months post start date. We have introduced our STEP for Managers and have ensured EDI involvement in our international nurses' induction.

Staff with long COVID support: Dedicated intranet page was created with ample resources and support for staff as well as a toolkit for colleagues and managers which discusses various topics such as symptoms, positions, and exercises to help manage breathing, breathlessness, coughs, clearing chests and help with concentration. There is support for staff with recovery phase, working adjustments and national & local support lines. A long COVID Peer Support Group has been created for staff affected by Long COVID to have a support system in place.

Disability leave policy: This is covered in our Employee Wellbeing and Attendance Management policy and Special Leave policy.



Percentage of staff with a LTC or illness engagement score showed no further reduction, however we have recorded no increase either as we have maintained our engagement score from last year of 6.0 which is noticeably lower than staff without LTC or illness at 6.4, who have also maintained their engagement score. Our ED&I team together with our staff network; Disability, Ability, Wellbeing Network (DAWN) continue 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 2022/23, we have continuously worked towards strengthening our staff networks with the support of an executive sponsor and ensuring people are heard and involved in decisions/ changes.



Metric 10 Trust Board data

There is no known disabled representation at Board level therefore, no change from the previous year.

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 experiencing harassment, bullying or abuse from patients, relatives, the public and or colleagues
- Slight increase in colleagues reporting harassment, bullying or abuse
- 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
- Increase in staff feeling valued by the organisation
- Increase in Adequate reasonable adjustments being made for our staff

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

- Staff with LTC or illness entering formal processes
- Staff reporting harassment, bullying or abuse from their line manager
- Levels of engagement with our staff
- Representation in senior and board level appointments



NHS SIX HIGH IMPACT ACTIONS AND EDI DASHBOARD

Six High Impact EDI Actions for the NHS have very recently been published, along with some proposed NHS EDI Metrics that are being developed into a national EDI performance dashboard, which is due to be completed by December 2024. These have been considered by the SaTH EDI Group (formerly EDI Performance Group) and Operational People Group, which agreed these should be adopted. Our EDI plan will be aligned to the High Impact Action headings. As the national dashboard will not be available for some time, we will use these metrics to develop our own to include a measure on reasonable adjustments.



Conclusion

We have used the WDES data to identify clear focus areas moving into 2023 and beyond which are aligned to the Trusts Equality Objectives (Appendix 1). Therefore, the data and staff survey has enabled us to review our progress against our WDES action plan 2021/22 and aligned to our EDI strategy and Equality Objectives. Whilst we welcome that there are some challenges in relation to some of the indicators, we can also see clear areas of improvements.

We have continued to invest in our EDI team and see continued staff engagement through our networks and EDI events. Our EDI team are beginning to incorporate improvement methodology into our inclusive work programmes, and work collaboratively by supporting EDI mandatory trainings with our education and improvement unit. We have continued to embed our governance processes internally. We are partnering and listening to our staff in line with our People Strategy, People Promise and Trust Values. Communication and action are encouraged to demonstrate that staff voices count while enabling our staff to be the best they can be.

There have been several inclusion training and awareness activities to increase awareness of discrimination and bias and provide staff with practical actions to feel confident in addressing any concerns, as well as Leadership Development being held focused on EDI. Work continues a Just and Learning Culture, improving reporting and preventing violence and aggression and de-biasing recruitment processes (our Fair Recruitment programme of work). The EDI leads will be working with the staff networks and other colleagues over the coming months to review and update our EDI plans considering our latest WRES and WDES results.

Actions will be SMART and aligned to the improvement methodology and will continue to focus on the following in alignment to the NHS Six High Impact EDI Actions:

- Fair Recruitment, with steps taken to encourage applications from individuals who from Ethnic minority groups and/or disabled and support them through the recruitment process.
- Ongoing development and empowerment of our staff networks.
- Improving disability declaration on staff records (Electronic Staff Record).
- Continued diversity data monitoring of leadership and other development programmes to ensure diverse representation.
- Reducing violence and aggression with further development of the work already begun with stakeholders to provide clear guidance, regular awareness, raising communications and a review of staff training.
- Review of EDI training offer.
- Improving access to reasonable adjustments.
- Learning and engagement programme of events and monthly awareness and communication sessions.



Progress against our 2022 actions: WDES Action Plan 2022-2023

Action	Measure	Review	Responsible Officer	EDS 2 alignment	Update
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	There is a clear commitment from the Trust Board to support protected time for network chairs, its members, and associated activities. There has been an increase in number of staff who have attended our Civility, respect and inclusion workshops. Creation of Work without fear group which led to the development of the work without fear poster and flow chart, this covers for all protected characteristics, we are working with our ICS on this and other events to promote EDI and give support and guidance to staff of all the characteristics. We understand we have a huge task in changing our culture and practices, however we have made a good start and already seeing some benefit from all this work
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	We hold Mental Health Awareness sessions and have a full health and wellbeing offer which includes, financial support for staff networks and psychological help. In March 2023 we launched a psychological hub, offering individual counselling sessions, team interventions and debrief and trauma. We also have a Reward and Recognition yearly plan, covering EDI events. We are also producing training for neurodiversity and launched our Galvanised Leadership programme for BAME, 2nd Cohort being launching in September 2023. EDI is part of the corporate welcome for new starters and also in the induction of our International Nurses. There have been and more planned awareness events being held throughout the year, to promote Health & Wellbeing and EDI topics, we have an Events calendar as well as an EDI calendar of events. There has also been a new scheme launched by Education and Training, The National, DFN Project SEARCH is a transition to work programme for students with learning disabilities and autism with ambitions to get 10,000 young adults with learning disabilities and autism into full-time paid jobs over the next and the organisations has recruited a number of students to take part in this project. Our retention group are currently working on approximately 20 projects towards recruitment and reasonable adjustment procedures.

Continued over on next page





Progress against our 2022 actions: WDES Action Plan 2022-2023 (cont.)

Action	Measure	Review	Responsible Officer	EDS 2 alignment	Update
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 Annual	People & OD Director	Improve patient access and experience	Using the WDES metrics, we had 37 staff with a disability above band 7 in 2021/2022, and 31 staff with a disability above band 7 in 2022/2023. This is part of ongoing work. This work is also included in our Getting to Good work plan with set milestones to ensure actions are taken and EDI team members are involved in recruitment panels.
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	Following a pilot and review of our leadership programme for colleagues from ethnic backgrounds, it presents and opportunity to explore the possibilities of a specific programme for colleagues with a disability. We are considering more options to monitor this, and one is having a Leadership programme similar to our Galvanise BME Leadership programme. We have also launched our new Talent Conversations. We have also launched the national DFN Project SEARCH which is a transition to work programme for students with learning disabilities and autism with ambitions to get 10,000 young adults with learning disabilities and autism into full-time paid jobs over the next decade, we have recruited students into this project this year
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	We have an executive sponsor at Board level who provides support for our DAWN staff network. In addition, our finance director chairs the EDI performance group to ensure progress. The new NHS EDI Improvement plan has target for out Trust Board through its 6 High impact actions.



WDES Action Plan 2023-2024

Action	Measure	Review	Responsible Officer	EDS 2 & High Impact Action (HIA) alignment
Continue to support our staff to feel they have a voice and are able to speak up. Promote our zero-tolerance policy in view of improving metric 4, and continue to work towards embedding our just and learning culture.	Staff Survey	Annually	People & OD Director	A represented and supported workforce & HIA 6
Continued support for our staff network to develop. Ensure HWB, reward and recognition workstreams are reviewed to support inclusive programmes. Review how the networks can better engage with staff while maintaining the opportunity to also engage with our Trust board and senior leaders in a way that supports our senior leaders to achieve their EDI objectives.	Staff Survey	Annually	People & OD Director	Inclusive Leadership & HIA 1, 4
Striving to culturally enrich our organisation by reflecting the diverse communities we serve with a commitment to improve disability representation across all roles including band 7 and above.	WDES Metrics	Bi Annual	People & OD Director	Improve patient access and experience & HIA 2
Continue to evaluate our inclusive leadership development and embed talent management approach to increase representation at band 7 and above.	WDES metric	Bi Annual	People & OD Director	Inclusive Leadership & HIA 2
Work with our Trust Board and Senior leaders as EDI Champions to promote disability declaration rate by working with recruitment team, Induction & Onboarding team and all SaTH colleagues. This will contribute to the review of our disciplinary and employee relations process to ensure staff entering the formal processes are treated with compassion, equity and fairness irrespective of any protected characteristics.	Staff Survey	Annually	People & OD Director	A represented and supported workforce & HIA 6



NHS Equality, Diversity, and Inclusion Improvement Plan

The aim of this plan is to improve equality, diversity, and inclusion, and to enhance the sense of belonging for NHS staff to improve their experience. The actions set out are intended to positively impact groups and individuals beyond the terms and definitions of protected characteristics as defined in the Equality Act 2010.

The high impact actions plan is developed to be intersectional. It recognises that people have complex and multiple identities, and that multiple forms of inequality or disadvantage sometimes combine to create obstacles that cannot be addressed through the lens of a single characteristic in isolation.

The improvement plan sets out six targeted actions, listed below to address the prejudice and discrimination - direct and indirect - that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

High impact action 1:

Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

High impact action 2:

Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

High impact action 3:

Develop and implement an improvement plan to eliminate pay gaps.

High impact action 4:

Develop and implement an improvement plan to address health inequalities within the workforce.

High impact action 5:

Implement a comprehensive induction, onboarding, and development programme for internationally recruited staff.

High impact action 6:

Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Source: NHS England » [NHS equality, diversity, and inclusion improvement plan](#)

