

# Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)

Summary Findings and action plan 2020 – 2021

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The slide deck uses the template framework recommended by NHS England for compiling an annual report for WRES /WDES

## **Executive Summary**



- The data taken to inform both the WRES and WDES submissions is effective 31<sup>st</sup> March 2021 with the data for a number of the indicators in each report being taken from the 2020 NHS employee engagement survey.
- Overall the Trust has seen an increase in the overall headcount of BAME staff however there has been a reduction in the
  overall headcount of disabled staff.
- Findings from our WRES submission indicate that addressing recruitment, in particular increasing BAME representation in non clinical roles, bands 5 and above and senior non clinical roles is a priority.
- Findings from our WDES submission also indicate recruitment as a key theme, in particular creating accessible career pathways for disabled staff into managerial roles (AfC Band 8a and above) as well as Trust action to facilitate the voices of disabled people.
- There has been a positive change in BAME and Disabled staffs experience of work in relation to the NHS Staff survey results and an increase in reporting of bullying and harassment. However Disabled and BAME staff still experience greater levels of bullying and harassment by patients, other staff and Managers than their white and non disabled colleagues.
- BAME staff also remain more likely to enter a formal disciplinary process than white staff however disabled staff are not more likely than their non disabled colleagues to go through a formal capability process.
- There are two changes for the 2021 WRES. Metric 1 now provides a definition for 'Senior Medical Managers'. Metric 3 is now taken as the year end figure rather than an average over 2 years as in previous years submissions.

## Staff Engagement



Sharing the output of our WDES & WRES with our workforce has been an integral part of our approach in 2021, not only for disseminating the findings but also for seeking meaningful input into understanding contributing factors and for input into the action plan outlined in this report.

Summary presentations and discussions have been held with the following groups to provide an opportunity for employees to contribute and to ensure appropriate governance and visibility of the findings and the action plans.

#### Specifically discussions have been held with:

**ED&I Steering Group** 

BAME Forum

Partnership Forum (JCNC)

Workforce Digital Transformation (WDT)

Executive Workforce Assurance Group (EWAG)

Trust Executive Team

# Actions underpinning progress Over last 12 months



In support of the Trusts commitment to advancing race equality and removing barriers in the workplace for disabled colleagues the following are examples of work undertaken in the last 12 months in line with our Equality and Diversity Plan.

The COVID 19 pandemic did impact the delivery of the WRES and WDES action plans published in 2020 however this has not meant that no action or work was undertaken, only that priorities were shifted during 2020 / 2021.

- The Trust introduced a requirement that all System Operating Procedures devised in response to Covid-19 had a mandatory requirement to have an associated Equality Impact Assessment in place.
- The Trust worked at pace with the support of the Equality Diversity & Inclusion Lead to prioritise risk assessments for staff
  identifying as Black, Asian, or Minority Ethnic, (BAME) as well as colleagues who were also in the higher risk categories on
  account of underlying health conditions.
- BAME colleagues were offered priority flu jabs, annual health assessments led by Occupational Health and a 3-month supply of vitamin D supplements as the Trust continually sought to seek opportunities to mitigate what at the time was an emerging picture in terms of the disproportionate impact Covid-19 was having on the BAME community.
- The Mosque, chapel and prayer room each underwent a risk assessment in light of Covid-19. The Trust was pleased to be able to keep these open with measures in place to ensure their safe use.
- Launched a BAME staff network which has helped engage colleagues in discussions around vaccine hesitancy.
- In response to the measures placed on society in response to Covid-19, specific guidance was produced in support of
  those suffering from or at risk of domestic abuse. The guidance identified sources of support during Covid-19 and it was
  agreed that staff at risk/suffering could use Trust accommodation/residences during this time if needed.
- Promotion of Freedom to Speak Up Guardian and related Trust policies.

#### **WRES**



The Workforce Race Equality Standard (WRES) is a set of nine specific metrics that enable NHS organisations to compare the experiences of white and black and minority (BAME) staff.

This information is used to develop a local action plan, and enable the Trust to demonstrate progress against the indicators of race equality.

#### Purpose of the WRES

To help local and national NHS organisations to review their data against the 9 WRES Indicators.

To produce action plans to close the gaps in workplace experience between white and black and Ethnic Minority (BAME) staff.

To improve BAME Representation at the Board Level of the organisation.

#### WRES 2020 - 2021

#### **Key Observations**



#### **Highlights**

BAME Representation has increased overall in the Trust accounting for 9.2% the total workforce (7.7% in 2020); 2.5% non clinical roles (2.38% in 2020) and 9.6% in clinical roles (7.7% in 2020).

There has been an increase of BAME Representation at Senior Level (defined as Band 8a+) in clinical and non clinical roles with 8 BAME staff now holding a Band 8 role in 2021 vs 5 BAME staff in 2020.

Relative likelihood of white staff accessing mandatory training and CPD over BAME staff has decreased positively from 0.88 in 2020 to 0.83 in 2021.

There has been an increase in BAME staff believing that the Trust provides equal opportunities for progression and promotion (68.2% in 2020 vs 72.5% in 2021).

#### Lowlights

In non clinical roles, there are more BAME staff in Bands 2 and 3 than the total number of BAME staff in Bands 4 – 9 and VSM roles.

In clinical roles the largest proportion of BAME staff (22%) are within Band 5. The number of BAME staff in Band 5 has increased by 7% on 2020. This is likely the result of international nurse recruitment. However there has only been a 0.5% increase of BAME staff at Band 6 in clinical posts.

The likelihood of white staff being appointed from shortlisting has effectively remained static year on year at 1.4 times more likely. The number of BAME applicants shortlisted has also remained static (18.4%).

The likelihood of BAME staff entering formal disciplinary process has increased from 0.54 times more likely in 2020 to 1.13 times more likely in 2021.

There are no BAME Board Members (Exec and non Exec). This is unchanged from 2020.

## **WRES Action Plan**



Indicator	Action	Measure	Date
1	Develop BAME Leadership Programme to commit to the development of BAME staff (targeting AfC B5 to address the bottleneck and concentration of BAME headcount at B5 and BAME progression into B6 roles.) Programme is currently being explored with Local Trust partners.	Increase in BAME band 6 clinical and increase in BAME staff at band 8.	Jan-22
	Introduce diverse interview panels to ensure that the panel is representative of the community we serve and of multiple protected characteristics. In Particular at B4 and B5 internal interviews, speciality Doctor and Consultant Recruitment.	Increase in BAME candidates appointed from shortlisting.	Mar-22
	Training for hiring Managers on fair and inclusive recruitment practices.	Increase in BAME candidates appointed from shortlisting. All Managers who recruit for a vacancy to have been trained (target 90% of Managers)	Mar-22
2	Recruitment for 8a> hiring managers must require candidates to demonstrate EDI work/legacy during interviews	Improvement in BAME staffs experience of work i.e. reduction in bullying and harassment from Managers. Increase in BAME candidates appointed from shortlisting. Increase in internal promotions within underrepresented groups.	Oct-22
3	Just Culture Decision Tree to be followed on every occasion prior to formal disciplinary processes commencing to ensure that managers consider any cultural factors in relation to the matter to be investigated and that a decision to commence a formal process is based on the facts of the case to eliminate any subconscious bias.	Reduction in WRES Indicator 3 on likelihood of BAME staff entering the formal disciplinary process.  Workforce Team to audit 25% of cases per year	Sep-22

#### **WDES**



The Workforce Disability Equality Standards (WDES) is a set of 10 specific metrics that enable organisations to compare the experiences of disabled and non disabled staff.

This information is used to develop a local action plan, and enable the Trust to demonstrate progress against the indicators of race equality.

Introduced to make a positive impact for the benefit of disabled people.

Used to help inform year on year improvements removing barriers impacting on workplace experiences of disabled staff.

Mandated for all NHS Trusts and foundation Trusts since 2019.

## **WDES 2020 - 2021**

#### **Key Observations**



#### **Highlights**

There has been an increase in disabled staffs perception that we made adequate adjustments to support them in their role. This has increased from 71.6% in 2020 to 79.7% in 2021.

Disabled staff are no more likely to enter the capability process compared to non disabled staff. This has remained static since 2020.

The relative likelihood of non disabled staff compared to disabled staff being appointed from shortlisting has decreased positively from 1.63 times more likely in 2020 to 1.34 times more likely in 2021.

There has been an increase of disabled staff in non clinical senior roles (clusters 3 and 4).

The staff engagement score for disabled staff has increased from 6.7 in 2020 to 7.0 in 2021.

#### **Lowlights**

There has been an overall decline in the number of staff employed by the Trust who are disabled (3.53% in 2020 vs 3.19% in 2021).

There has been no change in the number of staff who have not declared if they have a disability (15%).

There has been a decrease in the number of disabled staff in all clinical clusters other than cluster 6 (medical and dental, non consultant career grade). There are no disabled staff within clinical cluster 4 (bands 8c – 9 and VSM).

During the reporting year there was no forum to facilitate the voices of disabled people. See action plan for detail of Disabled and Carers Staff Network.

5 Board Members have not declared if they have a disability or not.

## **WDES Action Plan**



Indicator	Action	Measure	Date
	Address identified lowlight in respect of disability declaration rates, and identify true scale of no declerations. Band 8 & above by working to reduce those who report disability as unknown or null. In support of this action:	Null or undisclosed Current 15% Target 10%	Jan-22
1	Trust Board will be requested to review and update their equal opportunity monitoring information through self service	Discussed in board meetings	Jan-22
	Undertake a programme of promotional activity encouraging employee decleration. This can be linked to promotional activity on ESR self service.	Communications Plan	Jan-22
2	Training for Recruiting Managers in respect of Trust schemes for supporting disabled people into work including Disability Confident	Training session delivered	Dec-21
6	Roll out of Disability Passports to support disabled staff to feel supported within work.  Training for Managers on supporting disabled staff to include consideration of reasonable adjustmements and linked to Disability Passports	Passports to be rolled out Training to be delivered	Nov-21
	Development of separate reasonable adjustments Policy to include Disability Passports.		Feb-22
9b	Implementation of Carers and Disability Forum to facilitate the voices of disabled staff	Forum to be established	Oct-21

## **Conclusions**



Mid Cheshire NHS Trust is committed to addressing the findings of our WRES and WDES submission for 2021 and welcomes the opportunity to align an action plan with the support of colleagues from across the Trust against those areas identified for improvement.

The National EDI Priorities are a key focus for the Trust in 2021/2022 and we are committed to ensuring that all staff have a voice within the Trust and that our recruitment practices and processes ensure we have a workforce which is reflective and representative of our diverse community.

All staff should have the opportunity to develop professionally and personally within the Trust. This is reflected in our action plan and aligns to our ambition and the aims of the NHS People Plan to be an open and inclusive workplace.

# **Appendices**



#### Workforce Race Equality Standard (WRES) descriptor

**Appendix one – WRES Data Report and Metrics** 

#### Workforce Disability Equality Standard (WDES) descriptor

**Appendix two – WDES Data Report and Metrics** 

#### Note on the data

- The data in the graphics which follow is taken from ESR and shows the distribution of pay-grades within the staff groups as a proportion of our overall workforce who have identified as either White, BME and those who have opted not to declare.
- The data is listed in percentages in order to respect statistical integrity and to reflect best practice and to respect confidentiality.
- Metrics 4 9a on the WDRES and metrics 5 8 on the WRES are taken from the NHS Staff Survey 2020.

# **Appendix One**

# Mid Cheshire Hospitals NHS Foundation Trust

## WRES Metrics Report 1/2

		White staff in 2020	White staff in 2021	White staff	BME staff in 2020	BME staff in 2021	BME staff	Ethnicity unknown/Null 2020	Ethnicity unknown/Null 2021	Ethnicity unknown/Null
		Percentage %	Percentage %	Percentage difference %	Percentage %	Percentage %	Percentage difference %	Percentage %	Percentage %	Percentage difference %
WRES Indicator 1 - none clinical workforce	Cluster 1 (Bands 1 - 4)	23.26	24.16	0.90	0.54	0.55	0.01	0.73	0.70	-0.04
	Cluster 2 (bands 5 - 7)	3.47	3.80	0.33	0.12	0.14	0.02	0.08	0.06	-0.02
	Cluster 3 (bands 8a - 8b)	1.21	1.33	0.12	0.04	0.06	0.02	0.00	0.02	0.02
	Cluster 4 (bands 8c-9 and VSM)	0.60	0.55	-0.04	0.02	0.02	0.00			0.00
WRES Indicator 1 - clinical workforce	Cluster 1 (Bands 1 - 4)	21.19	19.79	-1.41	1.63	1.41	-0.22	0.22	0.47	0.25
	Cluster 2 (bands 5 - 7)	34.47	32.50	-1.97	3.35	4.52	1.16	0.91	1.04	0.13
	Cluster 3 (bands 8a - 8b)	2.70	2.62	-0.08	0.04	0.08	0.04	0.02	0.04	0.02
	Cluster 4 (bands 8c-9 and VSM)	0.12	0.18	0.06	0.00	0.00	0.00	0.00	0.00	0.00
	Cluster 5 (Medical and Dental staff, consultants)	1.92	2.02	0.10	1.01	1.02		0.08		0.00
	Cluster 6 (Medical and Dental Staff, none consultant career grade)	0.54	0.59	0.06	0.58	0.63				0.03
	Cluster 7 (medical and dental staff, medical and dental trainee)	0.56	0.45	-0.11	0.38	0.74				0.17
	Other	0.00	0.00	0.00	0.00	0.00				0.00

# Appendix Two

## WRES Metrics Report 2/2



- :	Mid Cheshire Trust Summary of 2021 WRES Findings (as of 31-03-2021)			Improvement  Deterioration
	Metric	2021 WRES	2020 WRES	Progress
1	Representation of staff across grades and bands	a. BME staff 9.2% of total workforce b. BME staff 2.5% none clinical c. BME staff 9.6% Clinical	a. BME staff 7.70% of total workforce b. BME staff 2.38 % none clinical c. BME staff 7.77% Clinical	
2	Likelihood of White staff being appointed from shortlisting	1.47 times more likely	1.43 times more likely	
3	Likelihood of BAME staff entering disciplinary process	1.13 times more likely	0.54 times more likely	
4	Likelihood of white staff accessing none-mandatory training	0.83 times more likely	0.88	
5	Percentage of staff experiencing bullying and harrassment from patients, relatives or public	26.7	28.4	
6	Percentage of staff experiencing bullying and harrassment from staff	25	22.4	
7	Percentage believing Trust provides equal oppertunties for progression or promotion	72.5	68.2	
8	Percentage experiencing discrimination from manager / team leader or colleagues	14.4	16.2	

# Appendix Two

#### **WDES Metrics Report 1/3**



		Disabled staff in 2020  Percentage	Disabled staff in 2021  Percentage %	Disabled staff Percentage difference %	Non disabled staff in 2020 Percentage	Non disabled staff in 2021 Percentage	Non disabled staff Percentage difference %	unknown/Null 2020 Percentage	unknown/Null 2021 Percentage	unknown/Null Percentage difference %
WRES Indicator 1 - none			70	7.0	70	,,	, ,,	70	7.0	,,
clinical workforce	Cluster 1 (Bands 1 - 4)	5.20	4.90	-0.30	80.8	81.90	1.10	14.00	13.20	-0.80
	Cluster 2 (bands 5 - 7)	3.20	2.00	-1.20	82.7	86.20	3.50	14.10	11.70	-2.40
	Cluster 3 (bands 8a - 8b)	1.60	2.90	1.30	92.1	92.80	0.70	6.30	4.30	-2.00
	Cluster 4 (bands 8c-9 and VSM)	3.20	3.60	0.40	83.9	85.70	1.80	12.90	10.70	-2.20
WRES Indicator 1 - clinical										
workforce	Cluster 1 (Bands 1 - 4)	2.84	2.50	-0.34	83.03	83.50	0.47	14.13	14.10	-0.03
	Cluster 2 (bands 5 - 7)	3.48	3.10	-0.38	80.94	81.10	0.16	15.57	15.80	0.23
	Cluster 3 (bands 8a - 8b)	1.44	0.70	-0.74	76.26	77.60	1.34	22.30	21.60	-0.70
	Cluster 4 (bands 8c-9 and VSM)	0.00	0.00	0.00	100	88.90	-11.10	0.00	11.10	11.10
	Cluster 5 (Medical and Dental staff,									
	consultants)	1.32	1.31	-0.01	81.58	81.05	-0.53	17.11	17.65	0.54
	Cluster 6 (Medical and Dental Staff, none		4.45	4.45	50.00	05.00	5.04	40.00	22.22	7.00
	consultant career grade) Cluster 7	0.00	1.45	1.45	59.38	65.22	5.84	40.63	33.33	-7.30
	(medical and dental staff, medical and dental trainee)	2.00			84	65.22		14.00		
	Other	0.00	0.00	0.00	0	0.00	0.00	0.00	0.00	0.00

# Appendix Two

#### **WDES Metrics Report 2/3**



Summary of 2021 WDES Findings (as of 31-03-2021)				Improvement Deterioration	
	Metric	2021 WDES	2020 WDES	Progress	Commentary
2	Relative likehood of non disabled staff compared to disabled staff being appointed from shortlisting	1.34	1.63		A figure of below 1:00 indicates that disabled staff are more likely than non disabled staff to be appointed from shortlisting.
3	Relative likehood disabled staff compared to non disabled staff entering formal capability process	0	0	No change	
<b>4</b> a	Percentage of disabled staff compared to non- disabled staff experiencing harrassment, bullying or abuse from patients/Services Users, their relatives or other members of the public	27.2	30.4		
	Percentage of disabled staff compared to non- disabled staff experiencing harrassment, bullying or abuse from Managers	15.9	15.1		This metric has decreased for none disabled (2019 9.2 vs 8.3 2020)
	Percentage of disabled staff compared to non- disabled staff experiencing harrassment, bullying or abuse from other colleagues	23.2	27.6		
4b	Percentage of disabled staff compared to non- disabled staff saying that the last time they experienced harrassment, bullying or abuse at work they or a colleague reported it.	44.1	39.6		

# Appendix Three

## **WDES Metrics Report 2/3**



	Metric	2021 WDES	2020 WDES	Progress	Commentary
	Percentage of disabled staff compared to non-				
	disabled staff believing that the Trust provides				
	equal oppertunities for career progression or				
5	promotion.	87.7	79.8		
	disabled staff saying that they have felt				
	pressure from their manager to come into work,				
6	despite not feeling well enough to perform their	20.7			Non disabled also seen an increase in this metric
6	duties.	29.7	28.1		this metric
	Percentage of disabled staff compared to non-				
	disabled staff saying that they are satisfied with the extent to which their organisation values				Non disabled also seen a decrease in
7	their work.	39.2	40.1		this metric
	Percentage of disabled staff saying that their				
	employer has made adequate adjustment(s) to				
8	enable them to carry out their work.	79.7	71.6		
	a. The staff engagement score for Disabled	_			
9a	staff, compared to non-disabled staff.	7	6.7		
	Trust action to facilitate the voices of disabled				
9b	people	No	No	No change	
M	etric 4a to 9b is based on staff survey data				