NHS
West Suffolk
NHS Foundation Trust

# Workplace Race Equality Standard (WRES) and Workplace Disability Equality Standard (WDES) summary report

2024

Putting you first

# Workplace Race Equality Standard (WRES) and Workplace Disability Equality Standard (WDES) summary report 2024

## Introduction

The Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) summary reports both covering 2023/24, have recently been published. This summary draws out the principal areas of focus outlined within these reports and the actions in place to address the areas of inequality highlighted within this report.

## What we need to improve

A high priority area of improvement within the Trust arising from the WRES is:

- Likelihood of appointment from shortlisting

The three high priority areas for improvement for the Trust arising from the WDES are:

- Disability status non-disclosure rate
- Harassment, bullying or abuse from other colleagues
- Satisfaction with the extent to which the organisation values their work

Another area where improvement required is:

- Discrimination from a manager/team leader or other colleagues in the last 12 months (WRES indicator 8)

A review of both reports, particular WDES, suggests that there are particular staff groups who report higher levels of inequity and therefore may need additional targeted interventions. These include:

- Allied health professionals (AHPs)
- General managers
- Healthcare assistants (HCAs)
- Wider care team

## Evidence and planned actions within our inclusion workplan

### 1. Likelihood of appointment from shortlisting (WRES Indicator 2)

At March 2024, the relative likelihood ratio of White applicants being appointed from shortlisting compared to BME applicants was 0.39, where 1 would represent equity. Specifically, 3.3% of White candidates were appointed from shortlisting in comparison to 8.6% of BME candidates. This is described as inequality to a medium degree and places the Trust in the bottom 25% nationally. It also represents a significant decrease from the ratio last year, which was 1.22.

Whilst it is imperative that we identify and interpret what this data is telling us, we must also be critical of this data where it is appropriate to do so, and the impact that the wider organisational context may be having upon this, as implementing actions upon this data alone may result in the swift exacerbation of the ratio we see above, albeit in the other direction.

Due to the financial position of the Trust, the organisational landscape has changed significantly since March 2024. International recruitment has paused, and this is likely to impact this indicator of the WRES, as it will result in a decline of BME applicants.

It is also important that we look at our recruitment data holistically to accurately interpret what is happening within our Trust. This means looking at our WRES data in conjunction with our internal recruitment data. In quarter 1 of 2024, 47% of White applicants were shortlisted for the roles that they applied for in comparison to 12% of Asian applicants, 6% of Black applicants and 9% of applicants from other ethnicities.

At the appointment stage, 38% of White applicants were successful in comparison to 12% of Asian applicants, 8% of Black applicants and 8% of applicants from other ethnicities. These percentages can be observed in Table 1.

*Table 1: the % of each group that were successful at each stage between 1st Jan 2024 to 31st March 2024*

This suggests that there is an issue of inequality within the Trust's recruitment processes that disadvantages BME applicants at the shortlisting stage, which then continues through to the appointment stage of the recruitment process.

<u>New actions within the inclusion workplan:</u>

- **Using No More Tick Boxes as a framework, create an inclusive recruitment guide as an appendix to the Trust's recruitment and selection policy**. This should outline (and provide examples of) how EDI values and best practices should be embedded throughout recruitment and selection processes.

## 2. Disability status non-disclosure rates (WDES indicator 1)

Data for WDES indicator 1 is sourced from the NHS Staff Survey. It is important to note that that this only offers an estimate of the representation of disabled colleagues in the workforce. Typically, a greater percentage of survey respondents declare whether they have a disability or not, than they do through ESR.

The Trust's data for WDES indicator 1 shows that 21.8% of staff survey respondents declared that they had a disability, 75.4% of respondents declared that they did not have a disability, and 2.8% of respondents did not declare whether they had a disability or not. This is vastly different to the Trust's internal EDI monitoring data, which (at 31 March 2024) showed that 6.5% of colleagues have recorded having a disability, 64.6% of colleagues have recorded not having a disability, and 23.2% of colleagues have not declared this information.

Further information and details about the Trust's disability non-disclosure rate, including further information on actions the Trust has in place to address this, can be seen in the Trust's 2024 EDI annual report.

Existing action within the inclusion workplan:

- Demonstrate year-on-year improvement in disclosure rates for protected characteristics to ensure ESR data is accurate and reflective of our workforce.

New action within the inclusion workplan:

- **Create a project plan for, and subsequently launch, the 'make your profile count' campaign.** This campaign will aim to raise awareness of why it is important to disclose EDI information via ESR, how to do this, and will provide information to address the concerns colleagues may have about disclosing their personal information.

3. Harassment, bullying or abuse from other colleagues in the last 12 months (WDES indicator 4c)
4. Discrimination from a manager/team leader or other colleagues in the last 12 months (WRES indicator 8)

Over the last 12 months, 27% of disabled colleagues within the Trust experienced harassment, bullying or abuse from other colleagues, in comparison to 16% of non-disabled colleagues. This highlights a 'quite high' level of inequality between disabled and non-disabled colleagues. Trend data over the last five years also suggests that this disparity and inequality has remained similar over this period, so action is required to reduce this moving forward.

When looking at this data through the intersectional lens of disability and gender, it has highlighted a 'quite high' inequality in the percentage of disabled women who have experienced harassment, bullying or abuse from other colleagues in the last 12 months in comparison to non-disabled women (28% and 16%, respectively).

Additionally, analysing this data by disability and occupational group also highlights areas of inequality regarding the experiences of harassment, bullying or abuse from other colleagues in the last 12 months. A 'quite high' difference within Allied Health Professionals has been identified, with 20% of disabled colleagues experiencing harassment, bullying or abuse from other colleagues in comparison to 9% of non-disabled colleagues. A 'high' difference within the Wider Care Team has been identified, where 26% of disabled colleagues experienced harassment, bullying or abuse from other colleagues in comparison to 12% of non-disabled colleagues. Lastly, a 'very high' difference between the experiences of disabled and non-disabled Healthcare Assistants (HCAs) has been identified. 37% of disabled HCAs experienced harassment, bullying or abuse from a colleague in comparison to 12% of non-disabled HCAs.

In addition to the above, the following finding is mentioned here due to the concerns it raises and the actions we must commit to as a Trust.

In relation to WDES indicator 4b (staff experiencing harassment, bullying or abuse from managers in the last 12 months), 33% of disabled General management colleagues experienced harassment and bullying from their managers in comparison to 7% of non-disabled General management colleagues, highlighting a 'very high' level of inequality that has increase significantly over the past year. Additionally, 14% of disabled HCAs experienced harassment from their managers, in comparison to 6% of non-disabled HCAS.

There were similar themes of discrimination highlighted in the WRES data. Indicator 8 (Discrimination from a manager/team leader or other colleagues in the last 12 months) showed that the percentage of colleagues who personally experienced discrimination from other colleagues was significantly higher for BME colleagues (16.4%) than for White colleagues (7.0%). This was particularly the case for Black colleagues (26% of Black colleagues reported experiencing discrimination from their manager in comparison to 7% of White colleagues and 15% of Asian colleagues) and, specifically, Black women (17% of Black women in comparison to 6% of White women). In addition to this, WRES data showed that BME Allied Health Professionals and BME Midwives and Nurses experienced more discrimination from other colleagues than BME colleagues elsewhere in the Trust.

New actions within the inclusion workplan:

- **Work collaboratively with the FTSU Guardian to do targeted outreach and engagement within teams where there have been inequities identified through WRES and WDES data (and other data sources).** This proactive engagement should centre around; bullying, harassment and discrimination, creating and inclusive working environment, speaking up and reporting unacceptable behaviour, how to be an active bystander, allyship, anti-racism and disability inclusion.

- **Explore the development and delivery of an additional equality, diversity and inclusion training session that seeks to inform colleagues about different types of harassment, bullying and discrimination.**

Existing actions within the inclusion workplan:

- **Review the Trust's *respect for others* policy**. Ensure that the definitions of harassment, discrimination and bullying are clear. Include definitions and examples of sexual harassment, racism, ableism, misogyny and/or any other types of discrimination and/or abuse in the workplace, where appropriate, to ensure that there is a clear understanding across the organisation. Ensure there is information about intersectionality within the policy, to raise awareness and highlight the compounding impact that can be felt by individuals who are experiencing harassment, discrimination and abuse on the grounds of more than one of their protected characteristics. Ensure the policy signposts to clear processes of action, intervention and support.

- **Continue to deliver *Addressing bias, recognising privilege and becoming a proactive ally* training to colleagues across the Trust in regularly scheduled sessions.** This training is currently focussed upon race, racism and becoming anti-racist.

- **Continue to work with Learning and Development to embed information about harassment, bullying and discrimination into all management and leadership programmes.**

5. Satisfaction with the extent to which the organisation values their work (WDES indicator 7)

The percentage of staff who were satisfied with the extent to which their organisation values their work was significantly lower for disabled staff (33.5%) than for non-disabled staff (47.2%).

When looking at this data through the intersectional lens of disability and gender, it has highlighted an inequality in the percentage of disabled men who were satisfied with the extent to which their organisation values their work (36%) in comparison to non-disabled men (57%). A similar inequality was also identified between disabled and non-disabled women, where 34% of disabled women were satisfied with the extent to which their organisation values their work, in comparison to 46% of non-disabled women.

This disparity in satisfaction between disabled and non-disabled colleagues can be seen within the Trust for the last 5 years. It therefore needs to be a priority for the Trust to address through the following actions:

**Existing actions:**

- **Review the Trust's reasonable adjustments guidance to ensure that it is effectively and efficiently implemented and strengthen the governance framework around reasonable adjustments.**

**New actions:**

- **Create and a project plan for, and subsequently launch, the 'make your profile count' campaign.** This campaign aims to raise awareness of why it is important to disclose EDI information via ESR, how to do this, and provide information to address the concerns colleagues may have about disclosing their personal EDI information. Disability is the largest non-disclosed protected characteristic amongst colleagues within the Trust (the non-disclosure rate is approximately 28%), which highlights the work that needs to be done to build trust and address the reasons as to why colleagues do not feel comfortable or confident to disclosing this information.

- **Work with the staff disability network to increase the visibility of colleagues with disabilities across our Trust.** This will include sharing their experiences, celebrating their achievements and, importantly, it must include taking action to address discriminatory behaviour, processes or policies that are highlighted.