

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 28 OCTOBER 2021

Title:	NHS Workforce Disability Equality Standard (WDES) Annual Report 2021, Workforce Race Equality Standard (WRES) Annual Report 2021 & Update on the Development of the Inclusion Strategy
Responsible Director:	Lisa Stalley-Green, Chief Nurse
Contact:	Susan Price, Deputy Director Health and Wellbeing, Inclusion and Social Cohesion ext. 14727

Purpose:	To present an update to the BOARD OF DIRECTORS
Confidentiality Level & Reason:	NHS CONFIDENTIAL - Staff
Board Assurance Framework Ref: / Strategy Implementation Plan Ref:	BAF - SR5/18 - Unable to recruit, control and retain adequate staffing to meet the needs of patients SIP - #13 Foster positive staff engagement and inclusive culture
Key Issues Summary:	<ul style="list-style-type: none"> • Annual Report 2021 for WDES and WRES, showing significant improvements in many metrics, despite challenging 18 months and increased pressure across all services. • The plans for the development of the UHB Inclusion Strategy for 2022-2025
Recommendations:	The BOARD OF DIRECTORS is asked to receive and discuss the content of the report.

Signed: Lisa Stalley-Green	Date: 20 OCTOBER 2021
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THURSDAY 28 OCTOBER 2021

Workforce Race Equality Standard (WRES) Annual Report 2021, & NHS Workforce Disability Equality Standard (WDES) Annual Report 2021 & Update on the Development of the Inclusion Strategy

PRESENTED BY CHIEF NURSE

1. Introduction and Executive Summary for WDES & WRES 2021/22

The last 18 months has been difficult for us all, and despite the challenges faced by the Trust caused by the Covid-19 pandemic, we have remained focused on our inclusion agendas and committed to making lasting change for our staff from marginalised groups. Many of us have had to quickly adapt to new ways of working. This can be challenging for anyone but especially for those who are living and working with a disability as well as BAME staff. Despite the significant challenges that UHB has faced over the last 18 months, as well as the increased pressures across all services, we are able to report significant improvements in many of the metrics contained within the WDES and WRES report for a second year running.

The Fairness Taskforce (Chaired by the CEO) continues to meet on a monthly basis with the programme of work focusing on changing the culture, practices and behaviours at UHB. The membership of the Taskforce includes input from the staff network chairs as well as leaders from the Executive Board, inclusion team, HR, staff engagement and education. The programme of work to support the Fairness Agenda has now focussed on the following priority work streams:

- (a) Reciprocal Mentoring Scheme
- (b) Fairness Root Cause Analysis (FRCA)
- (c) Recruitment, retention and progression

2. Areas of Improvement

2.1 WDES

- Data taken from ESR shows an increase in disability declaration rate of staff from 2% in 2019 to 3% in 2020, and remains at 3% in 2021. Our current target deadline is to increase the disability declaration rate of staff from 2% to 4% by December 2022, and work is on track to meet this deadline sooner.

- The Trust has made significant progress in utilising innovative ways of attracting, recruiting and retaining people with a disability or long term health conditions and further work is planned as part of a recruitment and selection transformation programme. The relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting has improved from 1.39 to 1.35 times less likely.
- There has been a reduction in the number of staff saying they have experienced harassment, bullying or abuse from patients, service users, their relatives and the public, and from colleagues, by 5%, from the previous year. This would suggest that the Trust's programme of work aimed at improving staff awareness, and the 'no excuse for abuse' public campaign, is having a significant impact.
- 37% of disabled staff said that they are satisfied with the extent to which their organisation values their work. This is an increase from the previous year with 34% of disabled staff.
- 73% of staff with a disability have said that the Trust has made adequate adjustments for them to carry out their work. This figure is an increase from the previous year, from 69%.

2.1.1 Areas which remain the same as the previous year:

- The Trust has made considerable improvements in reducing the number of staff with a disability entering the formal capability process from 1.7 times more likely in 2019 to no staff in the process declaring a disability in 2020. This remains at no staff with a disability in 2021.
- 33% of disabled staff have reported feeling pressure from their manager to come to work despite not feeling well enough to perform their duties. This figure remains the same as the previous year.
- 72% of staff with a disability believes that the Trust provides equal opportunities for career progression. This figure is the same as the previous year.

2.1.2 Areas which have **worsened**:

- There is still more work to be done to address the slight increase in the number of staff with a disability reporting harassment, bullying and abuse from their Manager by 1%, and a robust action plan has been put in place. (*Disabled staff from*

18% to 19% compared to Non-Disabled which staff remains at 11%).

2.2 WRES

2.2.1 Areas of improvement:

- This report welcomes the continued record growth and improvement in representation across clinical roles. BME doctors are well represented across all categories of consultants, NCCG and trainees, reporting more than 56% of Trust totals, significantly higher than the BME workforce Trust total of 33.52%. Work is needed to amplify the positive contribution our BME doctors make to the Trust and what they can offer as role models and advocates to their colleagues.
- This is mirrored nationally with the first report of its kind looking into race equality among England's doctors. It found that the number of doctors from black and ethnic minority backgrounds working for the NHS is the highest on record.
- New data published as part of the inaugural Medical Workforce Race Equality Standard (MWRES) commissioned by the then NHS Chief Executive, Simon Stevens shows that last year more than 53,000 doctors working in the NHS were from a black and minority ethnic (BME) background, up by more than 9,000, a rise of around one-fifth, since 2017.
- Over the last year, we have continued to reduce the amount of BME staff entering the disciplinary process. This reduction has slowed to 5.19% from 21.7% last year; however it still illustrates continued levels of change. This equates overall to 15 fewer disciplinaries, 4 of those BME staff. These reflect the cases recorded in ESR from the HGS sites and those at QE.
- We have continued to see more BME staff accessing non-mandatory training and CPD than their white colleagues and which indicates a developmental and career-minded workforce. The difference has reduced further this year, with the impact the pandemic affecting training provision and a rise in BME staff numbers. We have seen nearing equal amounts of white and BME staff accessing non-mandatory training, equating to 21.01% and 29.92.

2.2.2 Areas which have **worsened**:

- **16.4%** of BME staff, compared to 6.6% of white staff, reported experiencing discrimination at work from their Manager, team leader or other colleagues, which has increased **2.6%** from 13.8% for BME staff.
- Indicator 7 relates to perceptions of beliefs regarding equal opportunities in the workplace show that **68.9%** for BME staff and **85.3%** for white staff. This has not improved significantly over time for both BME and white staff.

3. **Conclusion and next steps**

Both WRES and WDES have a robust action plan as part of the report to see lasting change. Please see the separate reports.

Many lessons have been learnt over the last 18 months and the Trust is committed to re-evaluating practices to ensure staff feel safe and valued whilst at work. But there is still more work to do. The Fairness Taskforce is now well established, led by the Chief Executive, and has gained a great deal of traction over the last year. Throughout the coming months the Taskforce will continue to focus on all areas surrounding fairness issues and will concentrate on shifting the culture, practices and behaviours within Trust to bring about sustainable change. In addition, 2021/22 will see the Inclusion Team work more closely with the Divisions to understand the WRES and WDES metrics in relation to the areas they are responsible for and develop specific action plans for each division to enable change.

4. **Update on development of the Inclusion Strategy 2022-2025**

It is known that staff who feel valued, included and that they belong will provide better patient care. University Hospitals Birmingham NHS Trust (UHB) continues to build on its current and previous work to ensure that the organisation is fully inclusive for all of its employees, patients, relatives and visitors. To facilitate this, the Inclusion Strategy for UHB is currently being updated for the period of 2022-2025.

This Inclusion Strategy is in line with the UHB's Trust's Annual Plan. In order to bring our strategy and vision to life:

- a) We will create a healthy and inclusive culture, where all our staff have the skills and confidence to have a voice.
- b) We will play an active role in tackling health inequalities, promoting health before and after patients come in through our doors.
- c) We will be a civic leader, working in partnership with others to tackle major societal challenges.

- d) We will lead by example, promoting the highest standards of environmental and social sustainability.

5. The Six Objectives

Through key stakeholder engagement and learning from good practice, the following 6 objectives have been prioritised:

1. Knowledge, skills and confidence

- To create empowered confident inclusive leaders at all levels.
- To provide training and development opportunities equitably and accessible for all staff.

2. Having a voice

- To have a series of active and influential and inclusive networks through which we will ensure staff have a voice.
- Increase and encourage opportunities for staff to engage with the Trust to influence matters that affect them at work.
- All staff have the opportunity and are encouraged to have a voice,

3. Patient Focus

- Improve inequality in health outcomes for BAME patients accessing UHB services and the wider ICS.
- Clear communications and engagement demonstrating UHB's inclusive culture
- Improve inequality in health outcomes for LGBT+ patients accessing UHB services and the wider ICS
- Improve inequality in health outcomes for patients with a disability or long term health condition accessing UHB services and the wider ICS
- All sites are accessible to patients with a range of physical and mental needs

4. Partnership working

- Forge partnerships with key regional and national stakeholders to influence change, shape policy and process and share good practice.
- UHB is the principle inclusive employer of choice in the region.

5. Inclusive culture

- Staff have the confidence to speak up, speak out and challenge appropriately.
- Nurture a culture which empowers staff to challenges discriminatory behaviours.

- Visibly promote positive role models.
- Enable people to bring their 'whole self' to work.

6. Practical inclusion

- To provide managers with the advice to understand the full range of workplace adjustments and act promptly.
- Designing the end to end process that centralises the support for staff who require reasonable adjustments.
- Staff passport for disability and chronic conditions during employment.

Within the strategy each objective will demonstrate:

- What the targets are
- When we will have achieved them
- How will we do it
- How will we know we have delivered

LISA STALLEY-GREEN
CHIEF NURSE
20th October 2021

