

Trust board – 3 October 2019

Agenda item:	6.1				
Presented by:	Ogechi Emeadi, director of people, organisational development and communications				
Prepared by:	Nathaniel W	illiams neonle	information and	l systems lead	•
Date prepared:	Nathaniel Williams, people information and systems lead 16.09.2019				
Subject / title:			. 0		
Purpose:	Approval	isability Equali X Decision		tion Ass	surance
Key issues: Recommendation:	There is significant disparity with staff who declare their disability on the Electronic Staff Record and those that complete the staff survey. There is little or no evidence of disabled staff entering the formal capability process on the grounds of ill health and capability as to non-disabled staff as the data is not held centrally. There is a misrepresentation of staff in AfC Band 8a and above and VSM that have no self-declaration of disability reported. Board members are asked to note that there is no detailed action plan at this time as it is a new report. However, we will pursue achieving disability confident employer status. To present the workforce committee with key findings of the trust's first Workforce Disability Equality Standard (WDES) report for approval.				
Trust strategic objectives: please indicate which of the five Ps is relevant to the	8	2		②	£
subject of the report	Patients	People	Performance	Places	Pounds
	X	X	X	X	

Previously considered by:	Equality and inclusion steering group (02.09.19) Workforce committee (23.09.19)
Risk/links with the BAF:	Increase risk of high turnover and the inability to recruit. This could also lead to reputation risk. BAF 2.1 nurse recruitment BAF 2.3 inability to recruit, retain and engage our people





Legislation, regulatory, equality, diversity and dignity implications:	The WDES was introduced in April 2019 and it is mandated through the NHS Standard Contract and is restricted to NHS trusts and foundation trusts for the first two years of implementation.
Appendices:	WDES data

Purpose

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information will then be used by to develop a local action plan, and enable us to demonstrate progress against the indicators of disability equality.

The WDES has been commissioned by the Equality and Diversity Council (EDC) and developed through a pilot and extensive engagement with trusts and key stakeholders. It is mandated through the NHS Standard Contract and is restricted to NHS trusts and foundation trusts for the first two years of implementation.

This paper presents recommendations which build on from staff survey actions and equality and inclusion steering group key objectives for 2019/20.

Context

The WDES forms part of the trust's statutory duties under the broader equality and inclusion landscape – Equality Act 2010.

WDES is assessed against 10 evidence based metrics, three of which relate specifically to workforce data, six are based on data from the national NHS Staff Survey questions and the final one considers disabled and non-disabled representation on the trust board. The report takes effect from 1 April 2019 based on 2018/19 financial year data.

WDES is to improve workplace experience and career opportunities for disabled people working or seeking employment within the NHS.

The data is to enable the trust to adopt a 'learning organisation' approach and produce an action plan to build a culture of continuous improvement. These will be essential steps in helping to bring about a workplace that is free from discrimination.

This year's action plan looks at areas for improvement but also areas where we feel we are performing well, to ensure we continue to evidence this.

Report by: Nathaniel Williams

Date: 16.09.19

WDES indicator no.	WDES report March 2019	
Proportion of staff who have self-reported	1.7%	
their disability		





1) Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (VSM) (including executive board members) compared with the percentage of staff in the overall workforce. Non-clinical 2% disabled compare to 43% non-AfC Band 1, 2, 3 and 4 disabled AfC Band 5, 6 and 7 1% disabled compare to 42% non-AfC Band 8a and 8b disabled AfC Band 8c, 8d, 9 and VSM 6% disabled compare to 56% non-(including executive board disabled members) 6% disabled compare to 42% nondisabled Clinical AfC Band 1, 2, 3 and 4 AfC Band 5. 6 and 7 AfC Band 8a and 8b 2% disabled compare to 51% non-AfC Band 8c, 8d, 9 and VSM disabled (including executive board 2% disabled compare to 49% nonmembers) disabled Medical and dental staff, 1% disabled compare to 48% nonconsultants disabled Medical and dental staff, non-0% disabled compare to 50% nonconsultant career grade disabled Medical and dental staff, medical and dental trainee grades 0% disabled compare to 31% nondisabled 0% disabled compare to 32% nondisabled 0% disabled compare to 19% nondisabled 2) Relative likelihood of disabled staff Disabled staff are 1.16 times less likely to compared to non-disabled staff being be appointed from shortlisting across all appointed from shortlisting across all post compared to non-disabled staff. posts. This refers to both external and internal posts. 3) Relative likelihood of disabled staff Disabled staff are 0.00 times more likely compared to non-disabled staff entering to enter a formal capability process the formal capability process, as compared to non-disabled staff. measured by entry into the formal capability procedure. 4a) Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: Disabled 37.4%, non-disabled 26.7%





 Patients/service users, their relatives or other members of the public Managers Other colleagues 	Disabled 19.6%, non-disabled 15.0% Disabled 25.6%, non-disabled 19.0%
4b) Percentage of disabled staff	
compared to non-disabled staff saying	Disabled 50.5%, non-disabled 45.0%
that the last time they experienced	
harassment, bullying or	
abuse at work, they or a colleague	
reported it	
5) Percentage of disabled staff compared	
to non-disabled staff believing that the	Disabled 75.7%, non-disabled 85.5%
trust provides equal opportunities for	,
career progression or promotion	
6) Percentage of disabled staff compared	
to non-disabled staff saying that they	Disabled 32.7%, non-disabled 26.0%
have felt pressure from their manager to	
come to work, despite not feeling well	
enough to perform their duties	
7) Percentage of disabled staff compared	
to non-disabled staff saying that they are	Disabled 36.0%, non-disabled 48.0%
satisfied with the extent to which their	
organisation values their work	
8) Percentage of disabled staff saying	
that their employer has made adequate	Disabled 68.9%
adjustment(s) to enable them to carry out	
their work	
9a) The staff engagement score for	
disabled staff, compared to non-disabled	Disabled 6.6, non-disabled 7.1
staff and the overall engagement score	
for the organisation	
9b) Has your trust taken action to	
facilitate the voices of disabled staff in	Yes
your organisation to be heard? Yes or No	
10) Percentage difference between the	
organisation's board voting membership	
and its organisation's overall workforce,	
disaggregated:	Disabled 00/ new disabled 000/
By voting membership of	Disabled 0%, non-disabled 20%
the board	Disabled 00/ non disabled 050/
By executive membership	Disabled 0%, non-disabled 25%
of the board	





Key findings

- There is significant disparity with staff who declare their disability on the Electronic Staff Record and those that complete the staff survey
- There is little or no evidence of disabled staff entering the formal capability process on the grounds of ill health and capability as to non-disabled staff as the data is not held centrally
- Non-disabled staff are likely to be appointed from shortlisting compared to disabled staff. It should be less than 1.00 times
- There is a misrepresentation of staff in AfC Band 8a and above and VSM that have no self-declaration of disability reported. Staff at these bandings will require training, coaching and support on how to manage and or work alongside disabled staff/colleagues.

