NHS
The Princess Alexandra Hospital
NHS Trust

Agenda item:	2.5
Presented by:	Ogechi Emeadi – director of people, organisational development and communications
Prepared by:	Nathaniel Williams and Padraig Brady
Date prepared:	1 October 2020
Subject / title	Workforce Disability Equality Standard (WDES) 2020
Purpose:	Approval Decision Information Assurance
Key issues:	There is an identified disparity with staff who declare their disability on Electronic Staff Record (ESR) and those that complete the staff survey and the trust recognises that better representation would assist with promoting positive action planning.
Recommendation:	To present the workforce committee with key findings of the trust's Workforce Disability Equality Standard (WDES) report for approval.

Trust strategic objectives: please indicate which of the five Ps is relevant to the subject of the report	**Patients**	**People**	**Performance**	**Places**	**Pounds**
	x	X	X	X	x

Previously considered by:	Equality, diversity and inclusion steering group
Risk/links with the BAF:	Increase risk of high turnover and the inability to recruit. This could also lead to reputational risk. (BAF 2.1, 2.3)
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:	

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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 (not required for this reporting period) and the final one considers disabled and non-disabled representation on the trust board. The report takes effect from April 2019 – March 2020.

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. This will be essential in helping to bring about a workplace that is free from discrimination.

This report gives a breakdown of PAHT data against the **four** workforce disability equality standard (WDES) indicators for 2019/2020:

Indicator 1

Percentage of staff in AFC (agenda for change) 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.

Table 1 shows % of disabled and non-disabled non-clinical staff by bands

	Bands 1-4	Bands 5-7	Bands 8a-8b	Bands 8c-9 and VSM
Disabled	1.6%	0.0%	6.6%	5.1%
Non-disabled	40.6%	37.2%	44.3%	46.2%
Unknown	57.9%	62.8%	49.2%	48.7%

Table 2 shows % disabled and non-disabled clinical staff by bands and grade.

	Bands 1-4	Bands 5-7	Bands 8a-8b	Bands 8c-9 and VSM	M and D Consultants	M and D career grade	M and D trainee grade
Disabled	1.6%	1.5%	0.9%	0.0%	0.0%	0.0%	0.0%
Non-disabled	48.6%	41.4%	43.1%	43.8%	28.3%	22.5%	5.0%

Indicator 2

Relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts. This refers to both external and internal posts.

Disabled staff are 1.22 times less likely to be appointed from shortlisting across all posts, compared to non-disabled staff.

Indicator 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.

Disabled staff are 0.00 times more likely to enter a formal capability process compared to non-disabled staff.

Indicator 4

Percentage difference between the organisation's board voting membership and its organisation's overall workforce, disaggregated.

	By voting membership of the board	By executive membership of the board
Disabled	0%	0%
Non-disabled	58%	67%
Unknown	42%	33%

Action plan

In developing the action plan, actions have been identified to support positive progress in relation to the four disability workforce equality standard indicators outlined above.

Reference	Actions	Lead	Timescale
1	Data cleanse of ESR staff data to promote awareness of confidentiality/importance of equality monitoring self-disclosure information. This will help to address the under-reporting of disability on ESR.	People team	3 months
2	Request to NEDS to supply equality monitoring data.	People team	3 months

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3	Review wording used in surveys and application forms i.e. "do you consider yourself to have a disability?" as many individuals do not class their long term condition or mental health condition as a disability.	Trust and disability champions	6 months
4	Encourage all staff to have disability related discussions during regular 1:1's and access SHaW for support if required.	All staff	3 months
5	Review of the trust's recruitment policy and communication to trust-wide managers. Educate and inform managers of the trust's recruitment processes and methods. Promotion of the national Disability Confident scheme which the trust has committed to. Educate and inform via people management induction course of benefits of recruiting individuals with health conditions i.e. lived in experiences, compassion and caring.	Recruitment team Recruitment and HRBP teams Recruitment and HRBP teams Disability champions	2 months Ongoing Ongoing
6	Promote reasonable adjustments for staff via InTouch magazine i.e. if you have a disability whether it be physical or not visible, what is available to you?	Trust, communications and SHaW	3 months

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