Workforce Disability Equality Standard (WDES) Report 2022-23

1.0   Purpose

1.1   The WDES forms part of the Trust's duties mandated in the NHS contract and considered by the CQC. This paper sets out the latest annual WDES metrics and report for PAHT, now in its fifth year. 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 covers April 2022 – March 2023. While progress has been made in some areas, the results highlight the continued disparity of experience for our staff with disabilities, health conditions and neuro differences compared to those without.

1.2   The WDES is a key part of the PAHT workforce commitment to inclusion: we will strive to drive out inequality, recognising we are stronger as an organisation which values difference and inclusion.

1.3   A note on language: the term 'disabled staff' is used throughout this report to refer to anyone with a disability, long term health condition or neurodifference that is protected under the Equality Act 2010. This is in line with the language used throughout WDES, and based on self-reporting through ESR or the National Staff Survey. It should be noted that many of these staff will not consider themselves 'disabled' and caution should be used in applying this term to individuals. 'Non-disabled' is used throughout the report to refer to anyone who does not have a disability, long term health condition or neurodifference, according to their ESR or National Staff Survey response.

2.0   WDES Metrics for 2022-23

2.1   There are ten metrics within the WDES that highlight and examine the inequalities between disabled and non-disabled staff. **Appendix 1** gives a breakdown of PAHT data against WDES indicators for 2022-23.

2.2   3% of our total workforce have identified as disabled. This is an increase on the previous reporting period.

2.3   In summary, there is an improvement in the position against the following metrics:
Metric 1: Percentage of disabled staff compared with overall workforce
Metric 4: Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.
Metric 4: Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it. *Metric 4 comprises four component parts.*
Metric 5: Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion
Metric 6: Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

Metric 7: Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

Metric 8: Percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work

2.4 There has been a worsening in the position for four of the ten metrics:

Metric 2: Relative likelihood of being appointed from shortlisting. Non-disabled and disabled applicants are equally as likely to be appointed after shortlisting

Metric 4*: Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months. (*Metric 4 comprises four component parts).

Metric 9a: Staff engagement score for Disabled staff, compared to non-disabled staff.

2.5 There is no change in the position for two of the ten metrics:

Metric 3: relative likelihood of entering the formal capability process.

Metric 10: difference between the Board voting membership and its overall workforce.

2.6 **Metric 9b**: Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard?

2.6.1 The Trust has and continues to act to ensure the voices of disabled staff are heard and acted upon in the organisation. The PAHT Disability and Wellbeing Network (DAWN) has been active since March 2022. The DAWN is for staff with any visible or invisible disability, physical or mental health condition or neurodifference, as well as anyone with an interest in equality and inclusion in this area.

2.6.2 The Network continues to provide a safe space for disabled staff and to act as a mechanism to ensure disabled staff voices are heard and acted upon across PAHT. Members of the DAWN have been directly involved in shaping and influencing many of the work streams mentioned in this report.

2.6.3 Key members of the network are invited to attend the Equality, Diversity and Inclusion Steering Group. The original WDES action plan was co-produced with members of the network, and the network continues to shape priorities and work streams.

2.6.4 The network is often used as a consultative mechanism, with members asked to share their views on a number of significant areas.

3.0 WDES action plan progress

3.1 Key actions taken in 2022-2023:

- Short film and messages shared through communication channels for staff to update their disability status on ESR.
- A number of staff stories from disabled staff continue to be developed and shared, helping to create a culture where disability and difference is celebrated and is openly discussed.
- Progressed to Level 2 of the Disability Confident scheme.
- Work is underway with Project Search to support employment opportunities for young adults with a learning disability or autism spectrum conditions, or both. 11 interns to commence in October 2023.

- Disability training delivered by Mills & Reeve LLP commenced for staff in the People department covering legal principles from case law, statutory guidance and ways to promote disability inclusion. To be extended to other managers.
- Information about EDI including staff networks included on the careers microsite.
- Discussions have taken place with the DAWN and with individuals who were invited to share their experiences, with their feedback having prompted changes to processes.
- Where staff raise concerns via the DAWN or directly to the EDI team, they are supported and action taken to address those concerns. This is often undertaken in collaboration with the wider People team, Freedom to Speak Up guardian and Staff Health and Wellbeing (SHAW) team.
- The SHAW plan reviewed by the DAWN; the network agreed it is useful tool to support an open conversation to create a shared understanding about any health conditions, disabilities or neurodifferences and the support an individual requires to enable them to perform well.

3.2   Appendix 2 shows actions for 2023-24

Appendix 1 WDES DATA

Metric 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 headcount and percentage of **disabled and non-disabled non-clinical** staff by bands.

Non- clinical staff	Bands 1-4		Bands 5-7		Bands 8a-8b		Bands 8c-9 and VSM		Non-Executives	
Disabled	27	3%	5	2%	2	3%	2	5%	2	20%
Non-Disabled	473	59%	130	59%	44	63%	30	73%	7	70%
Unknown	305	38%	86	39%	24	34%	9	22%	1	10%

Table 2: shows headcount and percentage of **disabled and non-disabled clinical** staff by bands and grade.

Clinical staff	Bands 1-4		Bands 5-7		Bands 8a-8b		Bands 8c-9 and VSM	
Disabled	13	2%	33	2%	5	4%	1	4%
Non-Disabled	462	71%	901	64%	76	53%	19	79%
Unknown	180	28%	470	34%	63	44%	4	17%

Table 3: identified the headcount and percentage of **medical staff who are disabled and non-disabled**

Medical staff	M&D consultants		M&D career grade		M&D trainee grade	
Disabled	0	0%	0	0%	5	3%
Non-Disabled	97	48%	102	74%	171	86%
Unknown	106	52%	36	26%	24	12%

Metric 2

Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts. This refers to both external and internal posts.
Relative likelihood is 1.23 compared to last year (1.14). A figure below 1.00 indicates that disabled staff are more likely than non-disabled staff to be appointed from shortlisting.

Metric 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. The indicator has remained constant as compared to last year (0.00). A figure above 1.00 indicates that disabled staff are more likely than non-disabled staff to enter the formal capability process.

Table 4: National Staff Survey indicators

	Staff with a LTC or illness: 2022	Staff without a LTC or illness:	Staff with a LTC or illness: 2021	Staff without a LTC or illness:
Metric 4*				
Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.	40.7%	29.2%	32.2%	29.2%
Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.	19.0%	11.6%	19.3%	13.6%
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.	31.4%	18.9%	27.4%	20.8%
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	56.4%	51.8%	52.8%	44.8%
Metric 5				
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	43.4%	50.1%	42.6%	49.1%
Metric 6				
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	35.7%	26.3%	41.1%	31.5%
Metric 7				
Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	30.9%	40.4%	24.6%	37.4%
Metric 8				
Percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work	30.9%	40.4%	24.6%	37.4%
Metric 9a				
staff engagement score (0–10) for Disabled staff, compared to non-disabled staff.	5.9	6.6	6.1	6.7

* Metric 4 comprises four component parts, two of which have improved

Metric 9b

Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard (Yes or No)?

Metric 10

Headcount and percentage of the organisations board voting membership and executive board members.

Table 5:

	By Voting membership of the Board		By Executive membership of the Board	
Disabled	1	9%	0	0%
Non-Disabled	9	82%	6	67%
Unknown	1	9%	3	33%

Appendix 2   Identified areas to action for 2023-24

	Actions	Responsibility	Timescale
1	Further promote benefits of sharing disability status on ESR	People - information team with EDI team	December 2023
2	De-biasing the recruitment process, particularly through a disability and neurodiversity lens	People – resourcing and retention	February 2024
2 & 3	Implement commitments made under the Disability Confident level 2 scheme.	People – resourcing and retention & EDI team	Ongoing
4 – 9a	Share staff stories, talk openly about and increase understanding of disability, health conditions and neurodifferences to develop a culture where staff feel comfortable and confident to share their personal experiences, including recording this on ESR.	EDI team	February 2024
4 – 9a	Develop resources and staff stories focused on neurodiversity, improving the organisational understanding of neurodiversity and the strengths and talents that neurodivergent people bring to their teams.	EDI team People - Business Partners	February 2024
4 – 9a	Promote and embed the new SHAW plan and ensure this is well communicated, including Access to work, awareness of duty to make reasonable adjustments, with regular review points to learn and improve.	SHAW manager	January 2024
4 – 9a	Promoting Violence Reduction & Prevention Standards Policy	Local Security Management	December 2023
4 – 9a	Review data relating to violent incidents across the organisation to include as many protected characteristics as possible, to allow for more targeted consideration and identification of incidents linked to characteristics (i.e. disability, ethnicity, sexual orientation, etc.)	Patient Safety	January 2024
4 – 9a	Accessibility of training: improve accessibility and adjustments for training and development opportunities and provide access to hearing loops and other relevant equipment	L&OD	December 2023
4 – 9a	Roll out disability champion training. Training will be targeted at areas that would benefit most.	L&OD	September 2023 – March 2024

4 – 9a	Encourage disabled staff to become Inclusion champions	EDI team	December 2023
4 – 9a	Review sickness management process including implementation of NHS Employers guidance on Disability leave, in collaboration with the DAWN	People - Business Partners	February 2024
4 – 9a	Signpost and provide support to disabled staff with Blue Badge	SHAW team	October 2023
4 – 9a	Mark and celebrate International Day for Disabilities – 3rd December	EDI team	December 2023
9b	Agree time off arrangements for network chairs	People – business partners	October 2023
10	Board members to update their disability status and other equality information on ESR to role model this to the organisation.	Board of directors	December 2023