**Workforce Disability Equality Standard Report for
Workforce Committee / Trust Board**

July 2020

1.0	**PURPOSE OF THE REPORT**
1.1	To update the Workforce Committee/Trust Board on the Workforce Disability Equality Standard Indicators https://www.england.nhs.uk/wp-content/uploads/2019/01/wdes-metrics.pdf
1.2	To update Workforce Committee / Trust Board on our submission and the data, as per our contractual requirements.
1.3	To highlight key priorities and actions required to make improves against the Workforce Disability Equality Standard.
2.0	**BACKGROUND/CONTEXT**
2.1	As set out in the NHS Long Term Plan, respect, equality and diversity are central to changing culture and will be at the heart of our workforce implementation plan. The NHS draws on a remarkably rich diversity of people to provide care to our patients. But we fall short in valuing their contributions and ensuring fair treatment and respect. NHS England, with its partners, is committed to tackling discrimination and creating an NHS where the talents of all staff are valued and developed – not least for the sake of our patients and the delivery of high quality healthcare.
2.2	The NHS Workforce Disability Equality Standard (WDES) is designed to improve workplace experience and career opportunities for Disabled people working, or seeking employment, in the NHS. The WDES follows the NHS Workforce Race Equality Standard (WRES) as a tool and an enabler of change.
2.3	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 the relevant NHS organisation to develop a local action plan, and enable them to demonstrate progress against the indicators of disability equality.
2.4	The WDES is mandated through the NHS Standard Contract and as of the 1st April 2019, it will form part of the standard NHS contract and it is highly likely to form part of future CQC inspections under the 'well led' domain.
2.5	It is restricted to NHS Trusts and Foundation Trusts for the first two years of implementation.
2.6	The implementation of the WDES will enable us to better understand the experiences of disabled staff. It will support positive change for existing employees and enable a more inclusive environment for our disabled staff and the reports must be published by 31st August 2019 each year.

2.7	A key component to making progress against this standard is staff engagement and involvement.

3.0	**DATA ANALYSIS – METRICS**
3.1	**Metric 1** Metric 1 shows the percentage of NLaG staff in 2020 who have classified themselves as having a disability compared to those staff who do not have a disability using agenda for change (AfC) pay bands or medical and dental subgroups and very senior managers (including Executive Board members). The percentages are clustered into 4 groups for non-clinical staff and 7 groups for clinical staff. This is due the small numbers of staff in each pay band. Data Collection Source: Electronic Staff Records **The figures in bracket show the same data in 2019 for comparison.**

Metric 1a Non-Medical Workforce				
	Disabled	Not Disabled	Unknown or Null	Total Number of Staff
Cluster 1 AfC Bands 1 – 4	3% (3%)	85.1% (85%)	11.9% (12%)	1743 (1723)
Cluster 2 AfC Band 5 – 7	1.5% (1%)	89.3% (89%)	9.3% (10%)	270 (254)
Cluster 3 AfC Band 8a – 8b	5.3% (2%)	87.7 (93%)	7% (5%)	57 (56)
Cluster 4: AfC Band 8c, 8d, 9 & VSM (inc Exec Board)	2.5% (3%)	87.5% (81%)	10% (16%)	40 (36)
Metric 1b Medical Workforce				
	Disabled	Not Disabled	Unknown or Null	Total Number of Staff
Cluster 1 AfC Bands 1 - 4	2.4% (2%)	83.7% (83%)	13.9% (15%)	1470 (1482)
Cluster 2 AfC Band 5 – 7	2.8% (3%)	84.2% (83%)	13% (14%)	2415 (2386)
Cluster 3 AfC Band 8a - 8b	1.7% (0)	87.1% (83%)	11.2% (17%)	116 (115)
Cluster 4 AfC Band 8c, 8d, 9 and VSM (inc Exec Board	0 (0)	92.6% (88%)	7.4% (12%)	27 (34)
Cluster 5 Medical and Dental staff, Consultants	0.5% (1%)	82.4% (84%)	17.1% (15%)	205 (195)
Cluster 6 Medical and Dental staff, Non-consultant career grade	0 (0)	84.9% (83%)	15.1% (17%)	159 (145)
Cluster 7 Medical and Dental staff, Medical and dental trainee grades1	1.1% (0)	90.3% (83%)	8.6% (17%)	268 (260)

The above tables, metric 1a and metric 1b clearly show that the percentage of disabled staff in both the non-medical and medical workforce is very low. It also highlights in both tables that there are very high percentages of the workforce which record as either unknown or a null response.

3.2 **Metric 2**

The table below shows the relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts. **The figures in bracket show the same data in 2019 for comparison.**

Note:
This refers to both external and internal posts.
* If the organisation implements a guaranteed interview scheme, the data may not be comparable with organisations that do not operate such a scheme. This information will be collected on the WDES online reporting form to ensure comparability between organisations.

Metric 2	Disabled Staff	Non-disabled Staff
Shortlisted Staff	126 (288)	2814 (5053)
Appointed Staff	26 (62)	531 (1160)
Likelihood of being appointed	26/126 = 0.21 (62/288 = 0.22)	531/2814 = 0.19 (1160/5053 = 0.23)
The Relative likelihood of Disabled staff being appointed from shortlisting compared to Non-Disabled staff 0.19/0.21 = 0.9 (0.23/0.22 = 1.05)		

The table above, metric 2 shows that the likelihood of disabled staff and non-disabled staff being appointed from short listing is very similar for both groups which has slightly improved 1.05 in 2019 to 0.9 in 2020.

A figure above 1:00 indicates that Disabled staff are less likely than Non-Disabled staff to be appointed from shortlisting.

*It should also be noted that NLaG as part of the Department of Work and Pensions scheme are a Disability Confident Employer, and therefore operate a guaranteed interview scheme for disabled applicants who meet the minimum person specification.

3.3 **Metric 3**

Metric 3 explores the relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

Note:
This Metric will be based on data from a two-year rolling average of the current year and the previous year. We must note that this data may be affected by the very high percentages of the workforce which record as either unknown or a null response to the disability status.

.Metric 3 – The 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	Non-Disabled	Unknown	Total
2017- 2018	0	42	14	56
2018 - 2019	0	10	16	26
2019 - 2020	0	4	0	4

During 2017/18, 2018/19 and 2019/20 data the number of disabled staff who have entered the formal capability process is currently zero.

3.4 **NHS Staff Survey 2018**

The metric's 4, 5, 6, 7, 8 and 9 represent unweighted question level responses to key findings in the NHS for NLaG staff.

	Metric	2018 Staff Survey Result	2019 Staff Survey Results
4.1	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12	Disabled 33.6% Non-disabled 24.6%	Disabled 30.3% Non-disabled 22.4% Average Bench Mark Data Disabled 33.9% Non – disabled 27.3%
4.2	Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months	Disabled 24.1% Non-disabled 16.4%	Disabled 24.2% Non-disabled 14.4% Average Bench Mark Data Disabled 19.7% Non – disabled 11.0%
4.3	Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	Disabled 31.7% Non-Disabled 20.3%	Disabled 33.3% Non-disabled 20.8% Average Bench Mark Data Disabled 28.1% Non – disabled 18.4%
4.4	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	Disabled 49.7% Non-disabled 42%	Disabled 51.1% Non-disabled 45.6% Average Bench Mark Data Disabled 46.7% Non – disabled 45.6%

5	Percentage believing that trust provides equal opportunities for career progression or promotion	Disabled 74.5% Non-disabled 79.8%	Disabled 76.1% Non-disabled 81.1% Average Bench Mark Data Disabled 79.1% Non – disabled 85.6%
6	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Disabled 30.2% Non-disabled 21.3%	Disabled 38.8% Non-disabled 24.9% Average Bench Mark Data Disabled 32.7% Non – disabled 22.4%
7	Percentage of staff saying that they are satisfied with the extent to which their organisation values their work.	Disabled 28.7% Non-disabled 33.1%	Disabled 28.3% Non-disabled 41.4% Average Bench Mark Data Disabled 37.4% Non – disabled 49.5%
8	Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	Disabled 63.6%	Disabled 70.9% Average Bench Mark Data Disabled 73.3%
9. a	The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	Disabled 6.1 Non-disabled 6.6 Organisation Score 6.5	Disabled 6.1 Non-disabled 6.7 Organisation Score 6.6 Average Bench Mark Data Disabled 6.6% Non – disabled 7.1%
9. b	Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?	No	No As part of the Trust's Equality Objectives plans are in place to develop a Staff Equality Network to give disabled staff a voice.

4.0	**Metric 10**

	Metric 10 – The percentage of NLaG Board and Executive Team who classify themselves as having a disability or long term condition	

	Disabled	Non-Disabled	Not Declared	Total
Trust Board and Executive Team	6.66% (7.14%)	93.33 (78.57)	0 (14.28%)	100%

5.0	**ACTION REQUIRED**
5.1	Ensure that all WDES actions are monitored through the Equality and Diversity action plan and report against these internally through agreed governance structures, and report bi-annually to our commissioners.
5.2	More specific actions are to:

- Ensure all disabled staff have the ability to comment on equality data, and from this the Trust must understand any underlying concerns these staff have. The 2020/21 equality plan must be created and agreed through partnership working, utilising reinvigorated staff networks.

- Staff networks have previously required face to face attendance for which many staff have struggled to be released. Utilising the increase of GoTo meetings, WhatsApp groups and other technologies now embraced as a result of the COVID-19 pandemic we will encourage far greater disabled staff participation in these discussions remotely.

- To restructure the staff networks so, rather than the ED Lead chairing the meetings, that disabled staff members chair the running of these and oversee supported delivery of the action plans. The Chairs of the networks to attend TMB with the ED Lead to present WDES action plan updates.

- Discussions are to be held with the Acting Director of POE regarding how the disabled, staff network links to and helps shape the work and objectives, of the Workforce Committee.

- As a result of the options risk assessment (which also includes all staff categorised by the government as vulnerable) the Trust is analysing the data to identify individual services that could be affected due to the need to redeploy a significant number of staff.

- Membership of the divisional leadership teams is governed by role. Therefore disabled staff attendance at these requires a long-term intervention and features within the WDES action plans to increase equal representation at all levels and roles within the organisation. In the meantime consideration must be given to disabled staff attendance, regardless of hierarchical role, as staff representatives.

- The COVID-19 pandemic has presented the Trust with a range of innovative technological leaps forward in connecting people and in working in different ways. These are to be embraced. The running and governance of the staff networks is to

	be reviewed with Staff Network Chairs to be established and for how these Chairs and networks report into the organisation. It is hoped that the networks will provide a three way focus: - To support the organisation conducts its business and service developments through gaining disabled staff input and influence into decision making - To provide a platform for staff to connect within their own communities, including the social aspect of work and community - To connect with other Trust, regional and national NHS (and non-NHS) staff networks to learn from each other and gain a greater sense of community. The lessons learnt regarding the running of services and supporting disabled staff to be brought back into the Trust.
6.0	**The report to be received.**
6.1	To note the contents of this report against the NHS Workforce Disability Equality Standard.
6.2	Approve the data content which we are required to share with NHS England and our commissioners by 31st August 2020.
6.3	To agree the key priorities of focus and WDES actions, and offer any support as identified.