

# Luton and Dunstable University Hospital Workforce Disability Equality Standard (WDES)

## 2<sup>nd</sup> WDES Report 2020

2<sup>nd</sup> July 2020

### TIMELINES

1. Complete and submit a data spreadsheet by 31 August 2020
2. Complete and submit an online reporting form - 31 August 2020
3. Publish Board approved WDES Annual Report - By 31 October 2020 on website with data for all 10 metrics and action plan the trust will commit to delivering over the next 12 months).

<b>Trust Board Leads for the WDES</b>	Angela Doak - Director of Human Resources Liz Lees - Chief Nurse.
<b>Lead manager compiling this report</b>	Diane Brown – Equality and Diversity Lead
<b>Date this report was approved by the Trust Board</b>	TBC

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**Website URL where this report can be found:** <https://www.ldh.nhs.uk/corporate-information/equality-and-diversity/annual-reports-and-relevant-documents>

## **Introduction and Background**

### **WDES requirements**

National NHS research data has indicated that less favourable treatment of Disabled staff can and does occur. Results of the annual NHS staff survey show that nationally, disabled staff consistently report higher levels of bullying and harassment and less satisfaction with appraisals and career development opportunities.

The Workforce Disability Equality Standard (**WDES**) was devised by NHS England and the NHS Equality and Diversity Council as a tool to enable NHS organisations to address this.

Following the success of the national Workforce Race Equality Standard (**WRES**), the WDES has been devised with a set of 10 specific metrics (similar to the WRES 9 indicators but titled differently), to measure and benchmark local and national NHS disability equality performance.

The ten evidence-based Metrics will enable the Trust to compare the experiences of Disabled with non-disabled staff and to develop a local action plan and demonstrate progress against these indicators. It is designed to help improve the experiences of Disabled staff and to ensure their equal access to career opportunities and fair treatment in the workplace.

### **The WDES is mandated in the NHS Standard Contract.**

Reporting for this has been implemented from year ending March 2019. The Trust is required to publish a report (this report) and their results and to develop action plans to address the differences highlighted by the Metrics with the aim of improving workforce disability equality. This includes completing a data reporting format for national benchmarking. First reports with action plans were published by 30 September 2019 and based on the data from the 2018/19 financial year. This year's report is based on 2019/2020 data.

### **WDES METRICS**

The Trust will submit WDES data annually to demonstrate progress against the 10 metrics of workforce disability equality.

Two metrics focus on disability representation across the Trust at Board Level, in senior management, and across all Pay Bands clinical and non-clinical.

Seven metrics highlight any differences between the experience and treatment of Disabled and Non-Disabled staff. Five are in the National NHS Staff Survey and relate to experiences of patient and colleague conduct. The 6<sup>th</sup> is also in the survey and asks Disabled staff about the adequacy of provision of reasonable adjustments. The seventh is with regard to handling capability in performance.

The data submitted is benchmarked and reported on nationally for transparency, and

for sharing of learning and good practice. Since this is the second year there is now some data for basic benchmarking purposes at this stage but still a time for initial data sourcing.

In subsequent years Trusts are expected to understand the data and report on it, and that any poor results will trigger their inquiry into the causes with robust evidence based action plans. In particular, areas such as career development, appraisals, capability and recruitment processes.

**Covid 19 - Health inequalities** - The WDES data collections were paused in April 2020 as part of the initial response to COVID-19. However, the disproportionate impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) and Disabled staff and communities, and concerns about a lack of recognition of this disproportionate impact on decision making, the data collections were resumed.

COVID-19 has had specific impacts for Disabled people, including those who are shielding or in other areas such as reasonable adjustments (both at home and in new roles) and risk assessments. As the impact and effects of COVID-19 are being realised, the need to understand how best to respond is clear and urgent in this fast changing and challenging environment. The WDES is underpinned by the ethos of 'Nothing About Us, Without Us'. This means that any decisions that impact on Disabled people, must involve Disabled people.

**Care Quality Commission Inspections CQC** – as for the WRES, WDES performance is now included in the CQC Inspections “well led” domain and supported by WDES advisors. This includes analysis of the Trust’s WDES Report and action plan and how any issues have been addressed. The Trust’s last CQC inspection was in the summer of 2018 and so our WDES performance has not been included in an inspection as yet.

### **Trust Commitment**

The Trust will publish an Annual WDES report on the Trust website and an action plan for transparency, scrutiny and continuous improvement. The format of this report includes the responses required in the WDES data submission.

The Trust is one of the more diverse organisations in the NHS and in the UK. The Trust is committed to the WDES. Also to promoting equality and diversity in the workforce, and to the inclusive leadership crucially associated with good workforce and patient experience, such as increased staff morale and access to a wider talent pool and improved patient-centered care and innovation.

### **What Outcomes are intended by the WDES?**

- Better understanding of the issues faced by Disabled staff and an increased understanding of Disabled patients’ needs and patient outcomes.

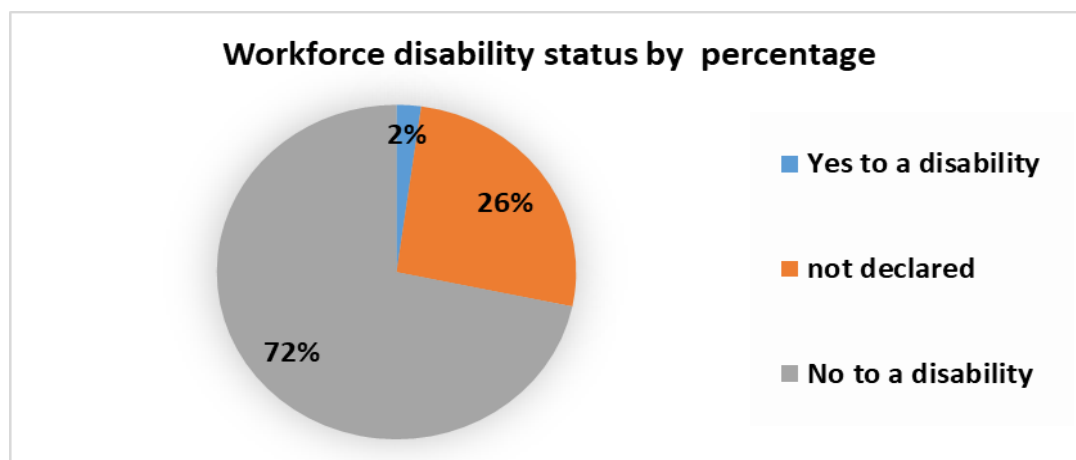
- Key areas highlighted by the Metrics e.g. career development, appraisals, capability and recruitment processes are acted upon.
- Consideration of Disabled staff representation at all levels throughout the organisation and any barriers which stand in the way of their career progression.
- Positive change through action plans to enable a more inclusive environment for Disabled people working in the NHS.
- Support an increased focus on Disability and the voices of Disabled staff.
- Improvement of disability declaration rates on ESR.

## The WDES General Data –

### Completeness of data and reliability of year on year comparisons

Data is taken from the NHS Electronic Staff Record **ESR** payroll system. Staff provide their disability status on a separate equal opportunity form as part of the recruitment application process and this is also included on Staff Appointment forms. This has been standard practice for a number of years.

Unlike the WRES and ethnicity (where non-declaration is 2.3%), **non-declaration of disability status high in March 2020 it is 26%** – which against 29% at March 2019 is a 3% improvement but still not vastly improved.



It is a National phenomenon for both NHS patients and the NHS workforce that declaration of Disability status, (along with Religion or Belief and Sexual Orientation), is lower compared to other equality areas such as age, gender or ethnicity. This is partially because this data has not been collected for as long as some other protected characteristics and also that this data is deemed more sensitive or private.

Since 2017, the Trust has undertaken initiatives to improve declaration and help with confidence in the anonymity, confidentiality and generic nature of the data collected. This has been helped by self-declaration on the Electronic Staff Record **ESR** (see the

next section and table). This and other initiatives has helped lower non-declaration from 56.9% in 2016 to 26% in 2020 (a reduction of 30.9%).

This 26% non-declaration still means that circa a quarter of our staff's disability status is unknown which affects data value.

The increase in declaration is in the non-disabled category which totals 72% this year whilst disability declaration at 2% is not realistic against national workforce averages. NHS staff survey results for the Trust usually show between 13-17% of staff have a disability which is more in keeping with national workforce statistics. There still needs to be higher declaration and confidence in knowing a disability and in declaring one.

Also there needs to be a constant review of disability status as a disability can be acquired at any time such as through a change in mental or physical health, as part of the ageing process or through an accident or illness.

### **Changes that have impacted the WDES and the Trust since March 2019.**

These include the impacts of;

- Receiving capital funding to deliver the much needed redevelopment to meet increased services and to facilitate Luton and Bedford Hospital merger on 1.4.20.
- The new NHS Business plan based on prevention and health inequalities and the new Interim People Plan to support this.
- Covid 19 pandemic

The assessments undertaken of potential impact of these changes on our workforce and service users will have their value and outcomes compromised if there is a lack of data on their disability status.

### **Measures to improve the level of self-reporting by disability status**

ESR has been rolled out and improvements undertaken such as having internet access and a smart phone app for access. Staff are issued an account and are encouraged to use it. They can attend user training sessions, or use a training handout.

Equality, Diversity and Human Rights weeks in May 2018 and 2019 promoted a "what's it got to do with you?" Initiative about the organisational and personal benefits and value of declaration.

Equality, Diversity and Human Rights weeks in May 2020 has currently been postponed indefinitely but continued plans have been made for promoting declaration.

**Steps planned in the current period** – to apply further encouragement of ESR use and continue our "what's it got to do with you" initiative with more varied and engaging approaches.

## Workforce data

**What period does our workforce data refer to?** – Year ending March 31<sup>st</sup> 2020 (annual data from activities from 1<sup>st</sup> April to March 31<sup>st</sup> and status at March 31<sup>st</sup>)

### WORKFORCE DISABILITY PROFILE 2020 (with 2015 and 2019 to compare)

<b><u>TOTAL NUMBER OF STAFF<sup>1 2</sup> – employed at the Trust at March 31st 2020 by number and percentage, showing disabled, non-disabled and non-declared staff numbers:</u></b>						
Comparator years	2015		2019		2020	
Total Staff numbers –	3880	100.0%	4353	100.0%	4649	100.0%
Total Disabled Staff	58	1.5%	78	2.0%	93	2.0%
Total Non-disabled staff	1851	47.7%	2677	69.0%	3347	72.0%
Not declared	1971	50.8%	1125	29.0%	1209	26.0%

Non declaration levels have been reduced by 24.8% since March 2015.

## **METRICS - Workforce Disability Equality Metrics**

*(NB – the Metrics are similar to WRES indicators but are titled metrics to avoid confusion between these two workforce standards)*

For each of these workforce metrics the data for Disabled and Non–Disabled Staff is compared.

- (1) Metric 1 - Percentage of disabled and non-disabled staff in AfC pay bands or medical and dental subgroups and very senior managers VSM (including Executive Board Members) by clinical / non-clinical staff compared to the percentage of staff in the overall workforce.**

**This Year – March 31<sup>st</sup> 2020**

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<sup>1</sup> [1] Total number of staff does not include bank staff

<sup>2</sup> [2] The Trust does not have non- declared broken down into broader categories (e.g. unknown, null, other, prefer not to say) which are requested in the WDES if available.

**This Year – March 31<sup>st</sup> 2020**

<b>Disability Representation across Non Clinical / Clinical Grades in 2020</b>							
<b>BANDS</b>	<b>NON CLINICAL STAFF (NC)</b>			<b>CLINICAL STAFF (CN)</b>			<b>TOTAL ALL STAFF</b>
	<b>NC staff</b>	<b>% disabled in band</b>	<b>Versus 2% all staff</b>	<b>CN staff</b>	<b>% disabled in band</b>	<b>Versus 2% all staff</b>	
Band 1	27	3.7%	1.7%	0	0.0%	-2.0%	27
Band 2	271	3.0%	1.0%	479	2.1%	0.1%	750
Band 3	207	3.4%	1.4%	140	3.6%	1.6%	347
Band 4	250	4.4%	2.4%	180	2.2%	0.2%	430
Band 5	106	1.9%	-0.1%	768	2.0%	0.0%	874
Band 6	64	6.3%	4.3%	772	2.8%	0.8%	836
Band 7	57	5.3%	3.3%	398	1.5%	-0.5%	455
Band 8A	40	0.0%	-2.0%	97	0.0%	-2.0%	137
Band 8B	23	4.3%	2.3%	26	0.0%	-2.0%	49
Band 8C	10	0.0%	-2.0%	13	7.7%	5.7%	23
Band 8D	11	0.0%	-2.0%	0	0.0%	-2.0%	11
Band 9	8	12.5%	10.5%	1	0.0%	-2.0%	9
Consultant				288	0.0%	-2.0%	288
Junior				323	0.3%	-1.7%	323
Middle				67	0.0%	-2.0%	67
Ad-Hoc-Board	9	0.0%	0.0%	0	0.0%	-2.0%	9
Ad-Hoc-Non	8	0.0%	0.0%	0	0.0%	-2.0%	8
Ad-Hoc-Other	1	0.0%	0.0%	0	0.0%	-2.0%	5
Ad-Hoc-Apprentice	5	0.0%	0.0%	0	0.0%	-2.0%	1
<b>No Total</b>	<b>1097</b>	<b>35</b>		<b>3552</b>	<b>58</b>		<b>4649</b>

Highlight shows higher representation than 2%

Even though staff numbers have increased by 6.8% from 4353 to 4649 between 2019 and 2020, the clinical / non-clinical split is similar with 76.1% Clinical staff in 2019 and 76.4% in 2020.

<b>Comparing Clinical and Non Clinical Totals 2020</b>					
<b>Category</b>	<b>Non clinical totals</b>	<b>Non clinical %</b>	<b>Clinical Totals</b>	<b>Clinical %</b>	<b>Variation numbers</b>
Disabled	38	3.5%	64	1.80%	26
unknown	248	22.6%	964	27.1%	716
Non-Disabled	811	73.9%	2524	71.1%	1713
<b>Total staff</b>	<b>1097</b>		<b>3552</b>		<b>2455</b>
<b>total % of staff</b>	<b>23.60%</b>		<b>76.40%</b>		

Non Clinical staff at 23.6% of the workforce in 2020 have a 5% higher declaration level than Clinical at 77.4% to 72.9% with a corresponding 1.7% higher declaration of disability at 3.5% compared to 1.8%.

Disability Representation in Numbers across Non Clinical / Clinical / ALL staff 2020												Staff in Band as % of work force	
Band	Non Clinical (NC)				Clinical (CN)				TOTAL ALL STAFF				
	No	Non Decl.	yes	total NC	No	Non Decl.	yes	total CN	Total disab.	Total staff	% disabled by band		
Band 1	21	5	1	27				0	1	27	3.7%	0.6%	
Band 2	197	66	8	271	396	73	10	479	18	750	2.4%	16.1%	
Band 3	159	41	7	207	99	36	5	140	12	347	3.5%	7.5%	
Band 4	185	54	11	250	135	41	4	180	15	430	3.5%	9.2%	
Band 5	76	28	2	106	615	138	15	768	17	874	1.9%	18.8%	
Band 6	46	14	4	64	574	176	22	772	26	836	3.1%	18.0%	
Band 7	44	10	3	57	246	146	6	398	9	455	2.0%	9.8%	
Band 8A	30	10		40	57	40		97	0	137	0.0%	2.9%	
Band 8B	18	4	1	23	16	10		26	1	49	2.0%	1.1%	
Band 8C	9	1		10	11	1	1	13	1	23	4.3%	0.5%	
Band 8D	7	4		11				0	0	11	0.0%	0.2%	
Band 9	6	1	1	8		1		1	1	9	11.1%	0.2%	
Consultant				0	168	120		288	0	288	0.0%	6.2%	
Junior				0	171	151	1	323	1	323	0.3%	6.9%	
Middle				0	36	31		67	0	67	0.0%	1.4%	
Ad-Hoc-Board	7	2		9				0	0	9	0.0%	0.2%	
Ad-Hoc-Non	1	7		8				0	0	8	0.0%	0.2%	
Ad-Hoc-Other		1		1				0	0	1	0.0%	0.0%	
Ad-Hoc-Apprentice	5	0		5				0	0	5	0.0%	0.1%	
<b>No Total</b>	<b>811</b>	<b>248</b>	<b>38</b>	<b>1097</b>	<b>2524</b>	<b>964</b>	<b>64</b>	<b>3552</b>		<b>4649</b>			
	<b>23.6%</b>				<b>76.4%</b>								

**Key areas of low declaration to target – from the chart which follows:**

**Grades with low declaration 12% to 63% and high numbers –**

1. Consultants, Junior and Middle at 14.6% of the workforce - 53-58% declaration
2. Clinical band 7 to band 8b at 11.2% of the workforce – 58-63% declaration
3. Non Clinical 8d and Ad hoc non at 63% and 12% to lead as an example
4. Areas with high numbers and 73% to 77% declaration who could make a significant difference e.g. Clinical Band 6 at 77.2% / 13% of the workforce etc.



Band	Non Clinical Staff declaration NC				Clinical Staff Declaration CN			
	NC staff	No.	%	% disabled	CN staff	No.	%	% disabled
Band 1	27	22	81.5%	3.7%	0	0		
Band 2	271	205	75.6%	3.0%	479	406	84.8%	2.1%
Band 3	207	166	80.2%	3.4%	140	104	74.3%	3.6%
Band 4	250	196	78.4%	4.4%	180	139	77.2%	2.2%
Band 5	106	78	73.6%	1.9%	768	630	82.0%	2.0%
Band 6	64	50	78.1%	6.3%	772	596	77.2%	2.8%
Band 7	57	47	82.5%	5.3%	398	252	63.3%	1.5%
Band 8A	40	30	75.0%	0.0%	97	57	58.8%	0.0%
Band 8B	23	19	82.6%	4.3%	26	16	61.5%	0.0%
Band 8C	10	9	90.0%	0.0%	13	12	92.3%	7.7%
Band 8D	11	7	63.6%	0.0%	0	0		
Band 9	8	7	87.5%	12.5%	1	0	0.0%	0.0%
Consultant	0	0			288	168	58.3%	0.0%
Junior	0	0			323	172	53.3%	0.3%
Middle	0	0			67	36	53.7%	0.0%
Ad-hoc-Board	9	7	77.8%	0.0%	0	0		
Ad-hoc-Non	8	1	12.5%	0.0%	0	0		
Ad-hoc-Other	1	0	0.0%	0.0%	0	0		
Ad-hoc-Appren	5	5	100.0%	0.0%	0	0		
<b>No Total</b>	<b>1097</b>	<b>849</b>			<b>3552</b>	<b>2588</b>		
	23.6%				76.4%			

**(2) Metric 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. The Trust implements a guaranteed interview scheme (data may not be comparable with organisations that do not operate such a scheme but this information will be collected on the WDES online reporting form to ensure comparability between organisations).

A figure below 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to be appointed from shortlisting. Last year **2019 the Trust's result was 2.06** indicating that Non-Disabled Staff are more than twice as likely to be appointed after short-listing. In 2020 the Trust's result was  $(0.023/0.0406) = 0.56$  indicating **disabled staff are more likely to be appointed after shortlisting.**

The WDES does not ask for the likelihood of Non-Disabled staff and Disabled Staff to be shortlisted from application but the Trust's data shows that this is 1.26 and so .26 more likely for non-disabled staff to be shortlisted.

### **(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.**

This data is measured on capability in relation to performance and not in relation to ill health capability.

From 1st April 2018 - 31st March 2020, we had 10<sup>3</sup> cases whereby staff entered a formal capability process (8 at March 2019 and 2 March 2020). Since none of them declared that they had a disability we are unable to provide a comparison as to the likelihood of disabled and non-disabled staff entering a formal capability process.

Measures are to be taken to improve declaration of disability status in relation to this metric both by improving general declaration levels and in capturing non-declaration of disability status at the start point.

## **NATIONAL STAFF SURVEY METRICS 4 to 8**

**Note: The latest staff survey was 2019 and the data from this is in this 2020 report, as is the case for all years of reporting.** Usually the report year is referred to rather than the survey year.

For each of the staff survey metrics, the outcomes of the responses for Disabled and non-disabled staff are compared and relate to the percentage differences in experience or treatment between the two.

### **(4) Metric 4**

#### **(a) Percentage of Disabled Staff compared to non-disabled staff experiencing harassment, bullying or abuse from: Patients, service users, their relatives or other members of the public;**

- **Patients and Service Users** - As can be seen from the table that follows, this is **the most likely area that staff will have a poor experience.**
- A high number of disabled / non-disabled staff have had a poor conduct experience from patients, service users or the public. In the Trust's data **disabled staff are reporting a 40.2% experience 2 years running.**

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<sup>3</sup> NB the figure given last year erroneously included performance and ill health capabilities.

<b>Metric 4a – disabled / non-disabled experiencing harassment, bullying or abuse from:</b>				
<b>Luton 2019</b>	<b>Responses</b>	<b>Patients, etc.</b>	<b>Managers</b>	<b>Colleagues</b>
Disabled	77-80	40.0%	24.4%	28.6%
Non-disabled	531-535	31.4%	10.4%	20.4%
Gap		8.6%	14.0%	8.2%
<b>Acute Averages 2019</b>				
Disabled		34.4%	20.0%	28.3%
Non-disabled		26.9%	12.1%	18.9%
Gap		7.5%	7.9%	9.4%
<b>Luton 2020</b>	<b>Responses</b>	<b>Patients, etc.</b>	<b>Managers</b>	<b>Colleagues</b>
Disabled	86-87	40.2%	18.4%	27.9%
Non-disabled	472-474	32.3%	11.2%	16.9%
Gap		7.9%	7.2%	11.0%
<b>Acute Averages 2020</b>				
Disabled		33.9%	19.7%	28.1%
Non-disabled		27.3%	11.0%	18.4%
Gap		6.6%	8.7%	9.7%

Grey highlight shows where results are poorer for Luton or for Acute Averages

The WRES and WDES Results for this:

<b>Indicator 5 Benchmark Results 2020</b>				<b>Metric 4 Benchmark result 2020</b>			
<b>WRES</b>	<b>TRUST</b>	<b>Acute Average</b>	<b>Varies</b>	<b>WDES</b>	<b>TRUST</b>	<b>Acute Average</b>	<b>Varies</b>
<b>BME</b>	34.0%	29.9%	4.1%	<b>Disabled</b>	40.2%	33.9%	6.3%
<b>White</b>	33.2%	28.2%	5.0%	<b>Non-Disabled</b>	32.3%	27.3%	5%
<b>Gap</b>	0.8%	1.7%	-0.9%	<b>Gap</b>	7.9%	6.6%	1.3%

WDES result shows 6% more poor experience for disabled than for BME in the WRES. In both WRES / WDES the average for Acute Trusts is high but the Trusts poor experience of this is higher by 4-5% in the WRES and 5-6.3% in the WDES. The Gaps are similar for the Trust and Acute results but for the WRES much reduced. This has been a difficult area to improve on both nationally and locally despite initiatives.

- 1. Managers and 3. Colleagues** - in the WDES at year 2 results have improved for disabled staff with slightly better results than for acute averages. The experience from managers is lower at 18.4% with colleagues higher at 27% which is a national trend also. The gap between disabled / non-disabled staff of experiences from managers has halved from 14% to 7% whereas for colleagues it has risen from 8.2% to 11%.

In the WRES which is at year 6 results, experiencing poor conduct from managers and other colleagues is within one result which in 2020 has a gap of -3.2% indicating poorer experience for White staff. Also the experience of BME is 8.1% better than for the Acute Trust average

**(b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.**

This metric is unique to the WDES. The 2019 result indicates there could be a higher level of reporting by or for disabled by 12.3% compared to non-disabled – and higher than Trust averages. In 2020 the level of reporting has reduced and there is very little difference in reporting levels between disabled and non-disabled and reporting levels are similar to acute averages.

Metric 4b - reporting harassment , bullying or abuse by self or via colleague						
Year -end	2019			2020		
Category	number	Reported	Acute Average	number	Reported	Acute Average
Disabled	37	59.5%	44.2%	42	45.2%	46.7%
Non-Disabled	197	47.2%	44.4%	163	46.0%	45.6%
Gap		12.3%	-0.2%		-0.8%	1.1%

**(5) Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.** The higher the percentage the better the result.

Metric 5 - Belief in Equal Opportunities in career and progression						
Year ending	2019			2020		
Category	response	Level of belief @	Acute Average	response	Level of belief @	Acute Average
Disabled	54	74.1%	78.2%	56	87.5%	79.1%
Non-Disabled	391	89.0%	85.3%	348	84.8%	85.6%
Gap	445	-14.9%	-7.1%	404	2.7%	-6.5%

- **IN 2019** - The WRES result for BME to White staff was 83.5% to 89.5% (6% gap in BME belief compared to White). Acute Average was 72.1%: 86.5% (-14.5% Gap).
- WDES had less belief from disabled against non-disabled staff at 74.1%: 89%. In the first WRES in 2015 the BME result was 73.9% and had progressive increase in belief afterwards. It is an aim to achieve similar improvements in WDES initiatives
- **WDES 2020** - the result for disabled against non-disabled staff showed 87.5%: 84.8% this was an increase of 13% for disabled staff but a reduction of 4% for Non-disabled. The disabled result was 8% higher than the Acute Average.

**(6) Metric 6 – the Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.**

(This metric is unique to the WDES. Highlight below shows poorer results).

In 2019 it indicates 29.9% of disabled respondents felt pressurised by management to come into work when not feeling well enough to perform their duties compared to 21.1% non-disabled. This was a better all-round result than acute averages.

In 2020 there has been a surge of 6% in disabled staff feeling pressurised and a 1.3% improvement for non-disabled staff. The gap in experience has increased circa 8% and it is a poorer result than the national average for disabled staff.

Metric 6 – responses to % felt management pressure to attend when ill in 2019						
	2019			2020		
Category	number	Felt pressure	Acute Average	number	Felt pressure	Acute Average
Disabled	67	29.9%	33.5%	64	35.9%	32.7%
Non-Disabled	280	21.1%	23.9%	247	19.8%	22.4%
Gap		8.8%	9.6%		16.1%	10.3%

**(7) 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.**

This metric is unique to the WDES. The highlight below shows the poorer results.

**This metric shows a better result.** It still has the least gap between disabled and non-disabled being satisfied which has shifted from -3.5% in 2019 to +3.3% in 2020 for disabled staff (against Acute Averages at -11.3% and -12.1% respectively).

The percentage of disabled staff saying that they are satisfied with the extent to which their organisation values their work has risen from 48.8% to 58% (this is against an Acute Trust average of 37.4% which is 20% lower than the Trust's result).

Metric 7 - responses - % satisfied organisation values their work for:						
Year ending	2019			2020		
Category	Number	Said satisfied	Acute Average	Number	Said satisfied	Acute Average
Disabled	82	48.8%	36.3%	88	58.0%	37.4%
Non-Disabled	537	52.3%	47.6%	475	54.7%	49.5%
Gap	619	-3.5%	-11.3%	563	3.3%	-12.1%

**(8) Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.**

This metric is unique to the WDES and it only includes the responses of/ is applicable to Disabled staff. The highlight below shows the poorer results.

Metric 8 – response - % of disabled staff with adequate reasonable adjustments WDES report for :						
Year end	2019			2020		
Category	Number	reported	Acute average	Number	reported	Acute average
Disabled	53	69.8%	72.1%	54	83.3%	73.3%
GAP		-2.3%			10.0%	

**This metric shows improvements** - In 2019, for a starting place in the WDES, 69.8% indicates an encouraging level of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. This is against the low declaration of having a disability of 2% in the Trusts ESR system.

In 2020 the result of 83.3% for the Trust is 13% higher than in 2019 and 10% higher than the Acute average.

**(9) Metric 9 - NHS Staff Survey and the engagement of Disabled staff**

**(a) A- The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.**

Metric 9: Engagement score - disabled, non-disabled and overall in Trust						
Year end:	2019			2020		
Category	number	score 0-10	acute average	number	score 0-10	acute average
Disabled	82	6.9	6.6	82	7	6.6
Non-Disabled	541	7.3	7.1	541	7.4	7.1
overall	636	7.2		636	7.4	

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

**YES**

At this stage the main activities that the Trust has undertaken have been initiatives around:

**Culture, values, conduct expectations** - to encourage better, more respectful and more inclusive behaviour. This includes the Board signing up to the Social Partnership Forum pledge to deal with poor conduct in the workplace and encouraging speaking up from all staff.

**Having a voice and speaking up** – The Trust has stepped up the right to respect and the right to no abuse campaign, and also increased our freedom to speak up Champions from having one lead to this lead being supported by having a further three champions across the Trust. For three years our Chief Executive CE has had monthly briefings for all staff on current activities, initiatives, concerns etc. that is open to all staff with participation in content and in discussions. These are well attended with active participation.

**Confident sharing and inclusion.** It is not just CE briefings that encourage confident sharing and inclusion, the Trust has an on-going “what’s it got to do with you” campaign to encourage confident sharing of relevant data and confidence in support and respect for an individual’s characteristics.

**Wellbeing and Assistance** – The Trust has an on-going well-being program that focuses on mental and physical well-being and promotes speaking up and assistance initiatives such as the Employee Assistance Program etc. **Covid 19** wellbeing assistance has been added

**Staff voice, contribution and networks** - Earlier this year a lead clinical staff member developed a strategy for staff networks which includes one for disability. This has been shared with leaders and has been promoted at our EDHR committee meeting and also in our celebration of EDHR NHS Employers Diversity and Inclusion week in May this year.

**Engagement initiatives** - This included engagement initiatives in EDHR Diversity week 2019 to gain interest and support such as staff communications and newsletters. Also a presentation about the power of staff networks by a leading light in this area Cherron Inko-Tariah, and the power of inclusion by Wendy Irwin - RCN Equality Lead. More recently the theme was continued at our Bi-annual staff engagement “Event in the Tent” in July 2019 when a presentation was given about the power of civility.

**COVID 19** - More work is planned to generate a staff voice including for disabled staff members. **EDHR week 2020** has currently been postponed indefinitely but includes disability initiatives.

**(10) Metric 10 - Board representation - compare the difference for Disabled / non-disabled staff.**

**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.**

**Board representation metric (compares the difference for Disabled and NON Disabled staff).**

category	Number	Number Declared	Declaration %	Disabled
Ad-hoc-Board	9	7	77.8%	0.0%
Ad-hoc-Non	8	1	12.5%	0.0%
Ad-hoc-Other	1	0	0.0%	0.0%

The declaration of the Ad-hoc Non board is low at 12.5% with only 1/8 having declared. For Ad-hoc Board it is 77.8% or 7/9 having declared. There is a need to improve to 100% declaration for both the staff and Board to achieve a more accurate or truer result here

**For 2 years the percentage difference between the organisations' Board voting membership and its overall workforce has the same result:**

Trust Workforce = 2% Disabled

No of Board voting members out of 15 with a declared disability = 0%

**The difference is 2% - 0% = - 2%**

**Other factors/ data which should be taken into consideration in assessing progress in metric 10**

According to National Statistics the true or realistic percentage of staff who are disabled within the National workforce could be closer to 13 -17%. The level of declared disability nationally for the National NHS staff Survey is closer to 13% and the level on ESR is much lower - for instance for the Trust it is 2%.

**The Disability profile of the Trust in 2019 by Patient and Patient Division compared to the Workforce**

This cannot be completed for the WDES as is completed for the WRES. This is because the disability data gathered and held across the Trusts Patients Services has very low declaration (as is the case for Sexual Orientation and Religion or Belief). More details of this can be seen in the relevant sections of the Annual Patient Equality Information Report 2019 on the Trust website under Corporate – Equality – Reporting.



## **WDES Report Summary - Recommendations and Action Plan**

The WDES responsibility requires a detailed WDES action plan, agreed by the Trust Board, which should be published on the Trust's website, beside this WRES report. The plan should detail actions and next steps for expected progress against the WDES indicators. It may also identify links with other work streams agreed at board level, such as EDS2.

Annual Data and WDES reports are shared with and approved by the Trust Executive Team and Board. Results are shared by the Equality, Diversity and Human Rights (**EDHR**) Committee, and **COSQ** Committee. The Action Plan will be published before the deadline of September 30 after consideration of this report.

**Three** key priority areas to address as part of the WDES actions will be:

**(1) Improvement to declaration of disability status and confidence in declaring a disability**

**(2) Conduct - NHS Staff Survey Results** around poor experience of conduct and discrimination as a priority for fair treatment, better experience, staff morale and wellbeing, and also for improving retention, performance and patient experience.

**(3) Representation, Career progression and Belief in Fair, Equal Opportunities –** Initiatives for improving the results for **WRES Indicators 1, 3, 4, 7, 9 )** which are:

- **Board representation** (Indicator 9).
- **Senior Management representation** (Indicator 1).
- **Appointments after short listing BME: White –** (Indicator 3)
- **Belief in Equal Opportunities for career progression / promotion -** ratio of BME to White – (Indicator 7)

### **The Trust's WDES Action Plan**

The results of the WDES need to be shared and discussed to arrive at the WDES Action Plan needed. This will also need to be approved and shared publicly on the Trust's website.