

Trust Board

Subject:	Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES)		Date: 1 st October 2020	
Prepared By:	Rajdeep Basra-Mann – HR Business Partner			
Approved By:	Rob Simcox – Deputy Director of HR			
Presented By:	Claire Teeny – Executive Director of People			
Purpose				
This document provides a summary of the 2019/20 WDES and WRES return.			Approval	X
			Assurance	X
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		X		
Risks/Issues				
Financial	Ensures that the Trusts obligations under legislation are met			
Patient Impact	Ensures that the Trust services are fully accessible to all patients			
Staff Impact	Assists with recruitment and retention and Improves working lives			
Services	Ensures that the Trust services are fully accessible to all patients			
Reputational	Enhances the Trusts reputation			
Committees/groups where this item has been presented before				
<p>The data was reviewed and action plan discussed at the Disability Staff Network meeting on the 11th August 2020 and the BAME Staff Network meeting on the 18th August 2020.</p> <p>People, Diversity and Inclusion Sub-Cabinet – 7th September 2020</p> <p>People and Inclusion Cabinet – 10th September 2020</p> <p>People Culture and Improvement Committee – 28th September 2020</p>				
Executive Summary				
<p>This report presents a summary for the 2019/20 Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) which requires sign off by Trust Board.</p>				

Workforce Disability Equality Standard (WDES)

Background

The Workforce Disability Equality Standard (WDES) is a new mandatory standard introduced in April 2019. All NHS organisations are required to demonstrate progress against ten indicators; three workforce data metrics, six staff survey metrics and one Board metric. The Metrics have been developed to capture information relating to the experience of Disabled staff in the NHS.

Appendix 1 shows the 2019 WDES data for the Trust as at 31st March 2020, Appendix 2 is the online Reporting Form that has been submitted and Appendix 3 is the 2020/21 WDES action plan based on the 2019 WDES data.

Declaration Rates

Declaration rates at the Trust for disability are low. We only have 5% of staff who have declared a disability and 72% of staff who have declared they do not have a disability. Therefore 24% of our workforce has not made a disability declaration.

When looking at our 2019 staff survey response rate (in which we had an overall Trust return rate of 66%), 19.5% of respondents stated they had a disability.

The difference between our ESR and staff survey declaration rates is consistent with other Trusts. Nationally there is a 3.6% of non-clinical and 2.9% of the clinical workforce who had declared a disability through ESR and a 20% staff survey declaration rate.

Findings

Indicator 1: Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

There is an overall improvement from last year in the declaration rates by 2%; however we still have 24% of the workforce who have not made a disability declaration, therefore further work is required.

There is 0.65% of staff at band 8a and above in non-clinical roles who have a disability, and 3.72% of staff at band 8a and above in clinical roles who have a disability, therefore disabled staff are under represented at a senior level. Figure 2 and 3 shows the percentage rate at AFC band level in more detail.

There is 1% of medical staff with a declared disability working at consultant level.

Category as at 31st March 2020	Clinical Headcount	% Clinical	Non-Clinical Headcount	% Non-Clinical	Grand Total
Disability Unknown or Null	1008	19.87%	75	1.48%	1194
No	2806	55.30%	440	8.67%	3641
Yes	189	3.72%	33	0.65%	239
Grand Total	4003		548		5074

Figure 1: Source ESR Records

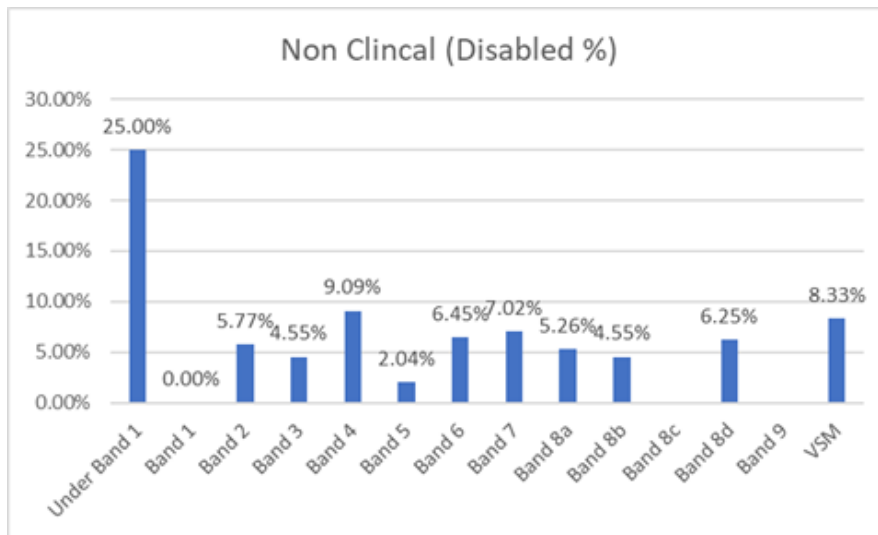


Figure 2: ESR Records

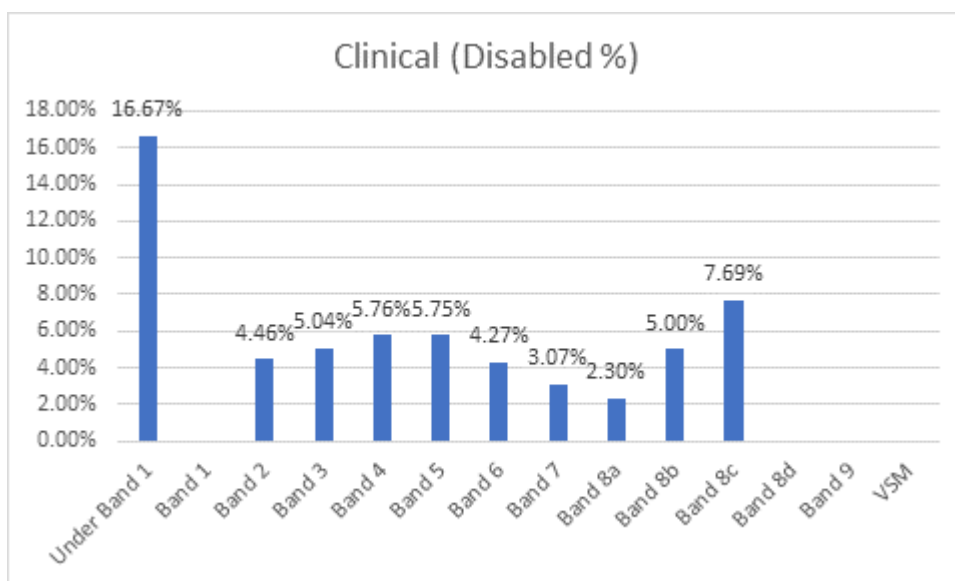


Figure 3: ESR Records

Indicator 2: Relative likelihood of non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

This indicator has seen an increase compared to last year in that disabled staff are less likely to be appointed from short listing 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.

This indicator has increased from last year, in that disabled staff are more likely than non-disabled staff to enter the formal capability process than non-disabled staff.

Indicator 4a: Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patients/service users, relatives and other members of the public, managers and other colleagues

There has been a decrease from last year for disabled staff experiencing bullying, harassment or abuse from Managers and from other colleagues. However, there has been an increase by 2.4% for disabled staff compared to last year, in experiencing bullying, harassment or abuse from Patients/service users, their relatives/members of the public.

Staff experienced bullying, harassment or abuse from Managers	2018	2019	
Disabled	18.9 %	18%	↑
Non-disabled	11.7 %	9.7%	↑

Staff experienced bullying, harassment or abuse from colleagues	2018	2019	
Disabled	30.8 %	27.2 %	↑
Non-disabled	19.1 %	16.9 %	↑

Staff experienced bullying, harassment or abuse from patients/service users/public	2018	2019	
Disabled	31.8 %	34.2 %	↓
Non-disabled	25.4 %	23.9 %	↑

Indicator 4b: 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.

The percentage has decreased by 7.4% for disabled staff in them or their colleagues reporting the last time they had experienced harassment, bullying or abuse at work. Non-disabled staff or their colleagues reporting the last time they had experienced harassment, bullying or abuse at work has increased by 1.4%.

	2018	2019	
Disabled	49.6 %	42.2 %	↓
Non-disabled	40.9 %	42.3 %	↑

Indicator 5: Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities career progression or promotion.

This indicator has improved for non-disabled staff by 1.4% however shown a negative decrease for disabled staff by 3.3%.

	2018	2019	
Disabled	82.5 %	79.2 %	↓
Non-disabled	88.4 %	89.8 %	↑

Indicator 6: 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 indicator has shown a positive decrease for both disabled and non-disabled staff.

	2018	2019	
Disabled	43.8 %	37.2 %	↑
Non-disabled	31.5 %	24.8 %	↑

Indicator 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 indicator has shown a positive increase for both disabled and non-disabled staff. With a significant increase for disabled staff.

	2018	2019	
Disabled	39.4 %	43.7 %	↑
Non-disabled	54.2 %	56.4 %	↑

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

This indicator shows a positive increase for disabled staff by 9.5%.

	2018	2019	
Disabled	67.1 %	76.6 %	↑

Indicator 9a: The staff engagement score for disabled staff, compared to non-disabled staff.

This indicator has remained the same for disabled and non-disabled staff.

	2018	2019	
Disabled	6.9	6.9	↔
Non-disabled	7.4	7.4	↔

Indicator 9b: Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?

This indicator has improved from last year, as we have launched a Disability Staff Network within the Trust for disabled staff to have a voice and an Executive Director has been assigned to support the network.

Indicator 10 Percentage difference between the organisation's Board voting membership and its organisation's overall workforce:

In the last 12 months, the workforce representation of disabled staff has increased compared to last year. This is most likely following the Trust introducing Disability leave for staff, which has also required staff to declare their disability on ESR.

Actions

The Trust will undertake a number of actions which relate to these findings as follows:

- Continue to encourage staff to declare their disability on ESR by launching the #Time to Declare campaign.
- Review Recruitment & Selection Training.
- Develop and implement unconscious bias and reasonable adjustments training.
- Provide recruitment & selection training for Disability Staff Network members to improve the makeup of the recruitment and selection panels and to ensure more diverse representation.
- Review the Capability Policy to ensure it incorporates support that can be provided to disabled staff.
- To promote the Reasonable Adjustments guidance document.
- To promote zero tolerance across the Trust via the Violence Reduction Policy.
- Create a culture where we encourage staff to speak up.
- To work with our Disability staff network to strengthen the network and support for staff.
- Work with local providers with the view to reinstate work placements for local people with a disability.
- Introduce Reverse Mentoring Programme.
- To continue to promote and advise managers on using discretion under the Sickness and Wellbeing policy.
- Continue to promote disability leave.

The Workforce Race Equality Standard (WRES)

Background

The Workforce Race Equality Standard (WRES) is mandatory and all NHS organisations are required to demonstrate progress against nine indicators; four workforce data metrics, four staff survey findings regarding White and BME experiences, and one Board metric to address low levels of BME representation.

Appendix 4 shows the 2019 WRES data for the Trust as at 31st March 2020, Appendix 5 is the 2020/21 WRES action plan based on the 2019 WRES data.

Findings

Indicator 1: Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.

For BME representation at Agenda for Change (AFC) clinical pay bands (8a plus) there has only been a marginal increase from last year and for Medical bands the highest increase for BME representation has been at Trainee grade level.

In terms of AFC non-clinical, there are only 6 BME employees at band 8a and above compared to 92 white or ethnicity not stated employees. For clinical AFC workforce, there are also 6 BME employees at band 8a and above compared to 119 white or ethnicity not stated employees. However when reviewing medical numbers, there are 114 BME staff at Consultant level compared to 89 white or ethnicity not stated employees at consultant level.

Figure 1 and 2 shows the percentage rate at AFC band level in more detail.

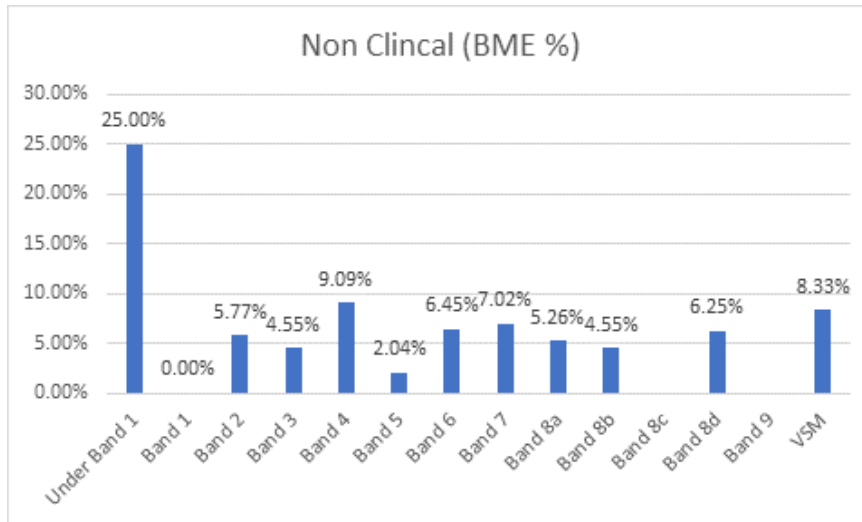


Figure 1: Source ESR Records

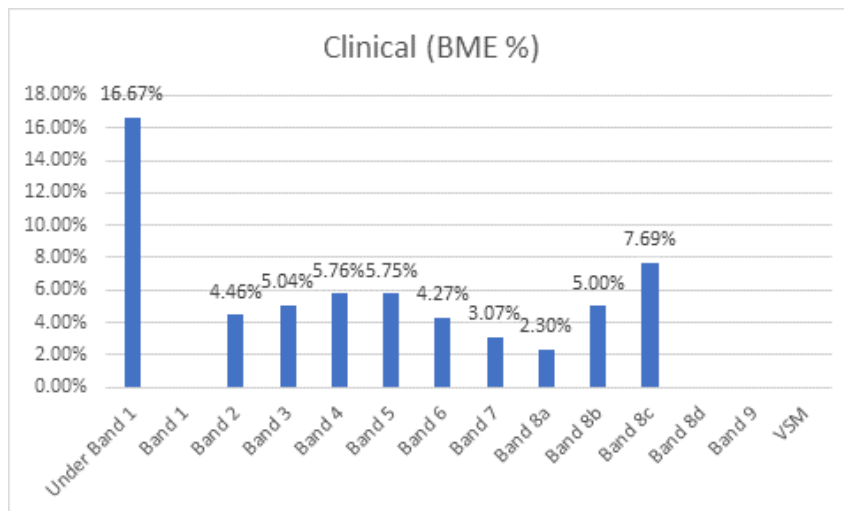


Figure 2: Source ESR Records

Indicator 2 Relative likelihood of staff being appointed from shortlisting across all posts.

This indicator has seen an increase compared to last year in that BME staff are less likely to be appointed from short listing compared to white staff.

Indicator 3 Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.

Although this indicator has increased from last year, BME staff are still less likely to enter the formal disciplinary process than white staff.

Indicator 4 Relative likelihood of staff accessing non-mandatory training and CPD.

This indicator has decreased from last year and BME staff are still likely to access non-mandatory training. We need to bear in mind that the occupational group with the largest BME representation is the medical workforce, whose training/CPD may not be as comprehensively recorded as Agenda for Change staff.

Indicator 5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

This indicator has improved for BME staff by 3.7% and for white staff by 0.4%.

	2018	2019	
BME	28%	24.3%	↑
White	26.3%	25.9%	↑

Indicator 6 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

This indicator has shown a positive decrease for BME staff by 0.5% compared to last year. This indicator has improved for white staff by 3.9%.

	2018	2019	
BME	27.9%	27.4%	↑
White	27.3%	23.4%	↑

Indicator 7 Percentage believing that trust provides equal opportunities for career progression or promotion.

This indicator has shown a positive increase for both BME and white staff. With a significant increase for BME staff.

	2018	2019	
BME	79.7%	84.5%	↑
White	88.1%	88.3%	↑

Indicator 8 In the last 12 months have you personally experienced discrimination at work from any of the following Manager/team leader or other colleagues

This indicator shows a positive decrease for BME staff by 3% and a decrease for white staff by 1%.

	2018	2019	
BME	13.2%	10.2%	↑
White	5.9%	4.9%	↑

Indicator 9 Percentage difference between the organisations' Board voting membership and its overall workforce.

In the last 12 months, board representation has improved.

Actions

The Trust will undertake a number of actions which relate to these findings as follows:

- Continue to encourage staff to declare their ethnicity on ESR by launching the #Time to Declare campaign.
- Review Recruitment & Selection Training.
- Develop and implement unconscious bias training.
- Provide recruitment & selection training for BAME Staff Network members to improve the makeup of the recruitment and selection panels and to ensure more diverse representation.
- Promote the use of the informal stage of the disciplinary process for all staff, for minor issues.
- Introduce Reverse Mentoring Programme.
- To promote zero tolerance across the Trust via the Violence Reduction Policy.
- Create a culture where we encourage staff to speak up.
- To work with our BAME staff network to strengthen the network and support for staff.
- To work with the medical workforce and Training and Development to encourage all non-mandatory training and CPD to be recorded on the Trust's system.

Recommendation

The Trust Board is asked to support the findings associated with the annual WRES and WDES along with the actions plans to address areas of improvement. In addition to this the Board are asked to support the publishing of these documents on to the Trust internet and to be uploaded onto the NHS Digital Strategic Data Collection Service system to meet legal requirements.