

REPORT TO THE HOSPITAL MANAGEMENT COMMITTEE

TITLE	Workforce Disability Equality Standard (WDES) Summary Report 2020
AUTHOR	Simon Howard, Equality, Diversity, Inclusion and Armed Forces Manager
EXECUTIVE SPONSOR	Louise Tibbert, Director of Workforce and OD
DATE OF MEETING	25 th August 2020
PRESENTED FOR	Approval

PURPOSE OF THE REPORT

To provide a summary of the experience and opportunity for staff with disabilities compared to those without.
 Contribution to achievement of strategic objectives, identified risks and mitigating actions.

EXECUTIVE SUMMARY

This report summarises the Trust’s position in regard to the Workforce Disability Equality Standard (WDES) in the 2020 financial year and provides a conclusion for the information.

COMMITTEES/SUBGROUP WHERE THIS ITEM HAS BEEN CONSIDERED

Hospital Management Committee – 05/08/2020



Outstanding Health and Wellbeing



Outstanding People



Outstanding Patient Care



Outstanding Leadership



Outstanding Communications

RECOMMENDATIONS

1. Publish report

STRATEGIC GOALS THIS REPORT SUPPORTS *(Check all that apply)*

Delivering outstanding care and experience	<input type="checkbox"/>
Recruiting developing and retaining our workforce	<input checked="" type="checkbox"/>
Improving and developing our services and infrastructure	<input type="checkbox"/>
Working together with local health and social care providers	<input type="checkbox"/>
Delivering financial sustainability	<input type="checkbox"/>

STRATEGIC RISKS RELEVANT TO THE PAPER

Risk ID	Risk Description

OTHER IMPLICATIONS OF THE PAPER

Legal/ Regulatory Relevance:	Equality and Human Rights Commission Care Quality Commission
NHS Constitution Delivery	The NHS provides a comprehensive service, available to all The NHS is accountable to the public, communities and patients that it serves
Freedom of Information Release	This report can be released under the Freedom of information Act 2000

Equality and Diversity Implications *(Check all that apply)*

Age	Gender	Ethnicity	Disability	Pregnancy/ Maternity	Marriage/ Civil Partnership	Religion/ Belief	Sexual Orientation	Gender Reassignment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Additional comments</i>								

Contents

1 Overview

2 Online Report

2.1 Trust Information

2.2 Data Quality

2.3 Metric 1 - Workforce representation

2.4 Metric 2 – Shortlisting

2.5 Metric 3 - Capability

2.6 Metric 4 - Harassment, bullying and abuse

2.7 Metric 5 - Career promotion and progression

2.8 Metric 6 - Presenteeism

2.9 Metric 7 - Staff satisfaction

2.10 Metric 8 - Reasonable adjustments

2.11 Metric 9 - Disabled staff engagement

2.12 Metric 10 - Board representation

3 Conclusion

Appendix 1 Non-Clinical Staff

Appendix 2 Clinical Staff – Not Including Medical and Dental

Appendix 3 Medical and Dental

1. Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. The Trust will use this information to develop an action plan to demonstrate progress against the indicators of disability equality.

The WDES has been commissioned by the Equality and Diversity Council (EDC) and developed through a pilot and extensive engagement with Trusts and key stakeholders. It is mandated through the NHS Standard Contract.

This document provides the Trust's responses to the WDES Online Report and allows the Trust to identify which pay points under or over represent each group in comparison with the average representation for that staff group.

The collection of this data was carried out in accordance with the WDES guidance provided by NHS England for the period 1st April 2019 to 31st March 2020.

2. Online Report

2.1 Trust Information

1. Name of organisation: North West Anglia NHS Foundation Trust

2. Date of report xxx

3. Name and title of the Board lead for the Workforce Disability Equality Standard

Louise Tibbert, Director of Workforce and Organisational Development

4. Name and contact details of the lead compiling this report

Simon Howard - Equality, Diversity, Inclusion and Armed Forces Manager -
simon.howard2@nhs.net

Peterborough City Hospital, Bretton Gate, Peterborough, PE3 9GZ

5. Does your organisation participate in any programmes or initiatives that are focused on disability equality and inclusion?

Yes

6. Name and contact details of the commissioner(s) this report will be sent to

Somitra Kawal, NHS Cambridgeshire and Peterborough CCG - soomitra.kawal@nhs.net

7. Unique URL link, or existing web page, on which the WDES Metrics data and associated Action Plan will be published

<https://www.nwangliaft.nhs.uk/advice-support/equality-diversity/>

8. Date of Board meeting at which organisation's WDES Metrics data and action plan were, or will be, ratified.

25th August 2020 – Data, 27th October 2020 – Action Plan

9. Total number of staff employed within the organisation on 31 March 2019 with Overall percentage of staff in the following groups:

Disabled	Non-disabled	Unknown/Null	Other	Prefer not to say
3.34%	67.59%	29.07%	0.00%	0.0%

2.2 Data quality

10. Did your organisation undertake the NHS Staff Survey in the past year?	Yes
If yes, did your organisation undertake a full or sample staff survey?	Full
11. Give the total number and % of responses to the NHS Staff Survey in your organisation e.g. survey sent to 1000 staff – 400 (40%) returned	1963 and 31%
12. Give the total number and % of Disabled staff responses to the NHS Staff Survey in your organisation e.g. 80 Disabled staff responded - 20% of survey respondents.	321 and 16.35%
13. Do your staff have access to the ESR self-service portal?	Yes

2.3 Metric 1 - Workforce representation

14. Please describe any challenges that your organisation has experienced in reporting data for this Metric

None

15. Have any steps been taken in the last 12 months within your organisation to improve the declaration rate for disability status on ESR?

- Information request to all staff periodically
- Collection of demographic monitoring at recruitment and induction
- Specific communications around the Disabled Staff Network

16. Please share any examples of interventions that have increased declaration rates at your organisation

- Direct email to all staff to requesting demographic information helped to increase declaration rates
- Collection of demographic monitoring at recruitment and induction
- Direct invitation all staff to attend Disabled Staff Network

2.4 Metric 2 – Shortlisting

17. Please describe any challenges that your organisation has experienced in reporting data for this Metric

None

18. Has your organisation signed up to the Disability Confident Scheme?	Yes
If yes, what level of Disability Confident accreditation does your organisation currently hold?	Leader
19. Does your organisation use a Guaranteed Interview Scheme?	Yes

2.5 Metric 3 - Capability

20. Did your organisation submit data for Metric 3 this year? Yes

If yes, please describe any challenges that your organisation has experienced in reporting data for this Metric. If no, please explain why you did not submit data for this year.

None

Is capability on the grounds of ill health and capability on the grounds of performance managed by different policies in your organisation? Yes

If yes, please state the policies

- Sickness Absence and Attendance Policy
- Performance and Capability Policy

21. What are your views about including capability on the grounds of ill health and performance as two parts of a future Metric?

The Trust is committed to provide as comprehensive a set of data as is possible. ESR data will need to support any request for data.

2.6 Metric 4 - Harassment, bullying and abuse

22. Are there any issues with the data for this Metric?

None

23. Has your organisation compared Staff Survey results against other datasets that may be held, e.g. bullying and harassment advisers, Freedom to Speak Up guardians, grievances, etc? Yes

If yes, please provide further details on what comparison your organisation has undertaken

Comparisons are made anecdotally against Freedom to Speak Up reporting but no formal structure for correlation exists. This has been reviewed with plans for a comprehensive report in the year after Covid-19.

24. Please summarise any actions taken to reduce harassment, bullying and abuse in relation to Disabled staff

- Discrimination training included within mandatory update and induction EDI training.
- Managing diversity training introduced for managers.
- 2019/20 Dignity at Work focus
- Reasonable Adjustment Policy and Training intended to be launched in 2020, now 2021

2.7 Metric 5 - Career promotion and progression

26. Are there any issues with the data for this Metric?

None

If yes, please provide further details

N/A

27. Does your organisation provide any targeted career development opportunities for Disabled staff?

Due to significant numbers of affected staff shielding, support people with neurodiversities to create and support career planning has been delayed to 2021. Anecdotal support continues through EDI Leads and Organisational Development structures.

2.8 Metric 6 - Presenteeism

28. Are there any issues with the data for this Metric?

None

29. Does your organisation provide any targeted actions to reduce presenteeism i.e. feeling pressured to come to work when not feeling well? No

2.9 Metric 7 - Staff satisfaction

30. Are there any issues with the data for this Metric?

None

31. Does your organisation provide any targeted actions to increase the workplace satisfaction of Disabled staff? Yes

If yes, please provide further details

Disabled Staff Network hold responsibility for the development of plans to support workplace satisfaction. Initial actions include development of promotion opportunities, effective redeployment and agile working support.

2.10 Metric 8 - Reasonable adjustments

32. Are there any issues with the data for this Metric?

None

33. Does your organisation have a reasonable adjustments policy?

Yes – incorporated within other policies. Plan to introduce specific reasonable adjustment policy in 2021.

34. Are costs for reasonable adjustments met through centralised or local budgets? Yes

If yes, please select either Centralised or Local budgets Local

35. Has your organisation taken action to improve the reasonable adjustments process? Yes

If yes, please provide further details

- Training introduced to support managers to effectively support staff requiring reasonable adjustments
- Occupational health support to identify needs
- Expanding reasonable adjustments into policies to support process improvements
- More robust approach to departments implementing reasonable adjustments

2.11 Metric 9 - Disabled staff engagement

36. Are there any issues with the data (9a) or evidence (9b) for this Metric? None

37. Does your organisation have a Disabled Staff Network (or similar)? Yes

If you answered no, does your organisation plan to establish a Disabled Staff Network (or similar)? If you answered yes to the above, please give details of the expected timescale.

- The Trust has several co-productions groups designed to support various groups.
- The Trust has a formal disabled staff network with an official structure, key roles and identified responsibilities.

2.12 Metric 10 - Board representation

38. Please describe any challenges that your organisation has experienced in collecting and reporting data for this Metric

None

39. Does your Board have a champion for Disability Equality? Yes

If yes, with their permission, please provide name and position of the Board/Executive champion/sponsor

Louise Tibbert – Director of Workforce and Organisational Development (EDI Executive Champion)

Caroline Walker – Chief Executive (EDI Sponsor)

Bev Shears – Non-Executive Director (EDI Sponsor)

3. Conclusion

The data shows an improvement in reporting rates but the Trust recognises the statistics continue to demonstrate a need to improve the identification of staff with disabilities and that this requires expediting.

Evidence across the equality agenda contact and campaigning can improve reporting, and broadly this is what the Trust has undertaken in 2019/20, however the most effective method to improve reporting remains the creation of a safe environment in which staff feel they are able to provide this information without detriment to themselves or their careers. Interestingly, the number of staff identifying themselves as disabled through the anonymous staff survey exceeds the number reporting through ESR by around a third.

This was the focus of the action plan in 2019 but work must be done to significantly improve and reinforce the steps taken including an equality impact review of policies with specific focus on the causes of presenteeism and a human factors based approach to improvement.

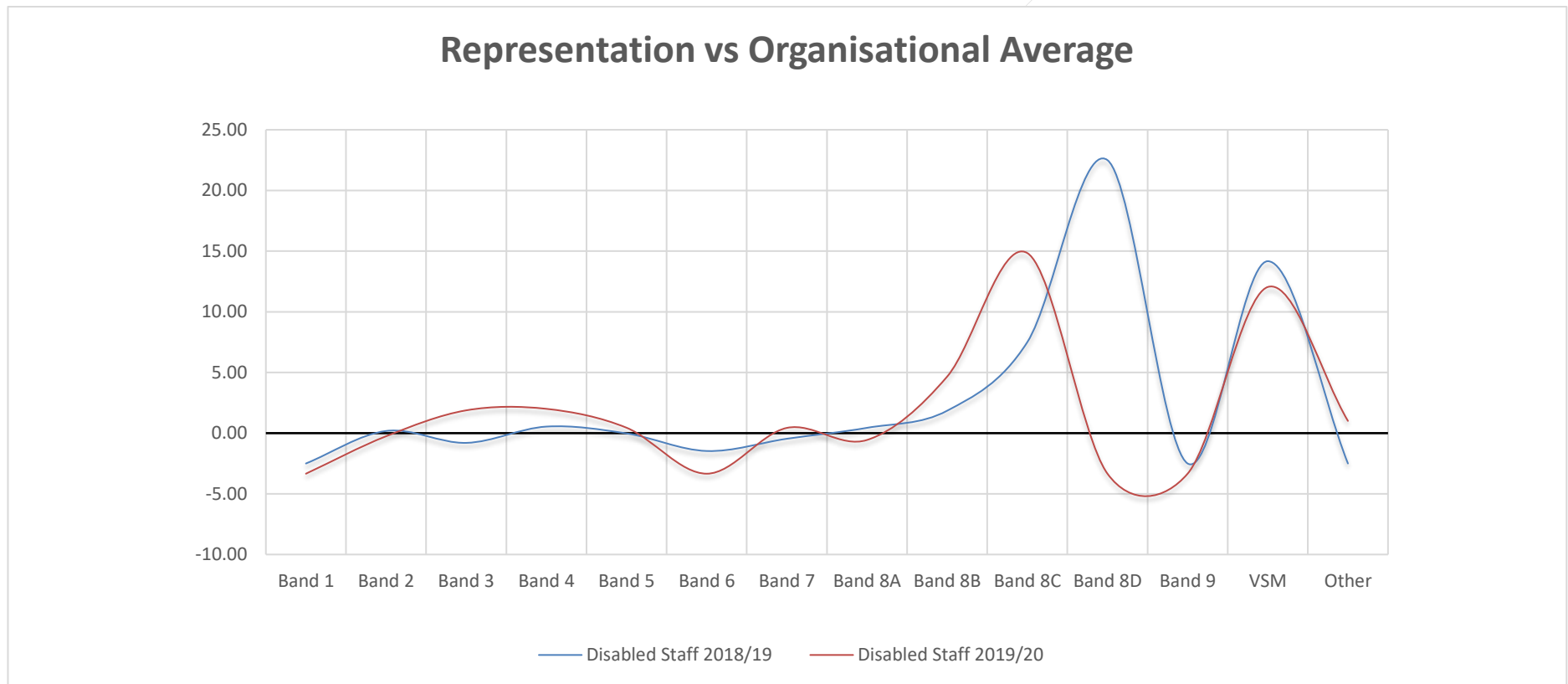
The Trust's disabled staff network allows the Trust to consult and recognise what disabled staff need to feel they are supported and will develop a strategy to enable disabled staff to experience employment comparably to their non-disabled colleagues, and indications from this group show many people are not unwilling to speak up. This must be reinforced across the organisation.

The Trust will continue its ambitious, long term objective for supporting and recruiting staff with disabilities and develop a long-term strategy to achieve this. Re-establish the Supported Internship and Support Apprenticeship Schemes post Covid-19 and seek the active recruitment of people with disabilities into a wide range of roles while looking to improve retention and redeployment options for people with acquired disabilities.

Appendix 1 – Non-Clinical Staff

Non-Clinical Representation

The graph in 2020 fluctuates around average slightly more than in the previous year but continues to show staff are represented approximately equally at all pay bands up to 8a where disabled staff are significantly over represented in comparison with the average. This is likely to be a combination of factors: continued under-reporting by staff with disabilities in junior positions and comparatively high numbers of staff with disabilities in senior positions within a relatively small cohort.



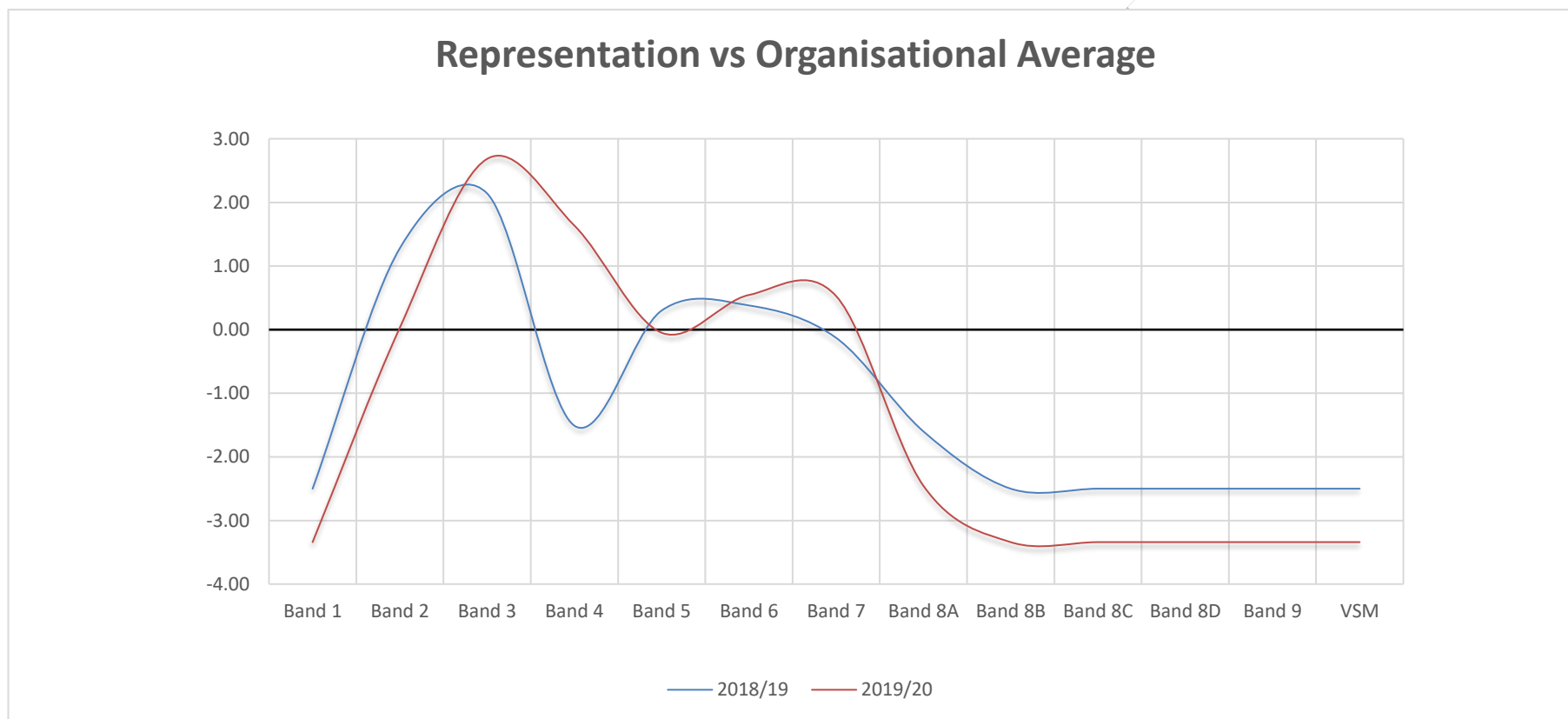
Non-Clinical Data

	Disabled 2018/19		Non-Disabled 2018/19		Unknown 2018/19		Disabled 2018/19		Non-Disabled 2018/19		Unknown 2018/19	
	Total	Percent	Total	Total	Percent	Total	Total	Percent	Total	Total	Percent	Total
Band 1	0	0.00	12	15.00	68	85.00	0	0.00	1	3.23	30	96.77
Band 2	16	2.68	372	62.42	208	34.90	20	3.09	420	64.81	208	32.10
Band 3	6	1.70	244	69.32	102	28.98	19	5.22	271	74.45	74	20.33
Band 4	8	3.04	165	62.74	90	34.22	14	5.34	188	71.76	60	22.90
Band 5	3	2.48	71	58.68	47	38.84	5	3.79	89	67.42	38	28.79
Band 6	1	1.03	61	62.89	35	36.08	0	0.00	67	73.63	24	26.37
Band 7	1	2.04	26	53.06	22	44.90	2	3.77	43	81.13	8	15.09
Band 8A	1	2.94	24	70.59	9	26.47	1	2.78	29	80.56	6	16.67
Band 8B	1	4.35	16	69.57	6	26.09	2	8.00	19	76.00	4	16.00
Band 8C	1	10.00	5	50.00	4	40.00	2	18.18	7	63.64	2	18.18
Band 8D	1	25.00	1	25.00	2	50.00	0	0.00	5	71.43	2	28.57
Band 9	0	0.00	2	40.00	3	60.00	0	0.00	4	66.67	2	33.33
VSM	1	16.67	3	50.00	2	33.33	2	15.38	8	61.54	3	23.08
Other	0	0.00	9	90.00	1	10.00	1	4.35	11	47.83	11	47.83

Appendix 2 - Clinical Staff – Not Including Medical and Dental

Clinical (Not Including Medical and Dental) Representation

Significant under-reporting of disability among the clinical staff group continues to have a significant bearing upon the validity of the statistics. By comparison with 2019, the only major change appears to be a natural progress of staff through the pay structure.



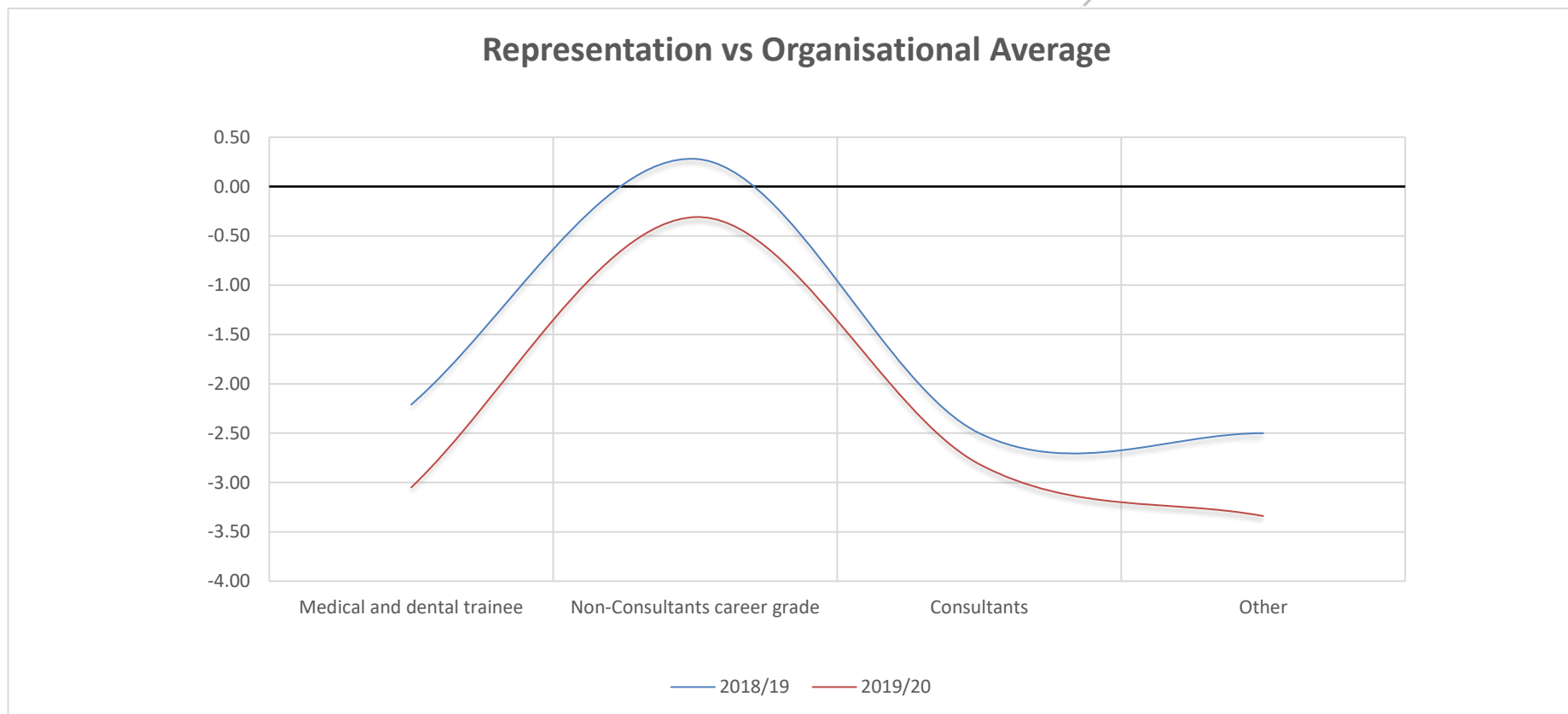
Clinical (Not Including Medical and Dental) Data

	Disabled 2018/19		Non-Disabled 2018/19		Unknown 2018/19		Disabled 2019/20		Non-Disabled 2019/20		Unknown 2019/20	
	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent
Band 1	0	0.00	2	66.67	1	33.33	0	0.00	0	0.00	0	0.00
Band 2	36	3.78	735	77.21	181	19.01	32	3.37	753	79.35	164	17.28
Band 3	7	4.64	90	59.60	54	35.76	10	6.02	107	64.46	49	29.52
Band 4	2	0.99	132	65.02	69	33.99	10	4.98	130	64.68	61	30.35
Band 5	34	2.80	813	67.02	366	30.17	44	3.29	893	66.79	400	29.92
Band 6	25	2.88	573	66.01	270	31.11	35	3.88	647	71.81	219	24.31
Band 7	13	2.37	310	56.47	226	41.17	22	3.87	364	63.97	183	32.16
Band 8A	1	0.90	62	55.86	48	43.24	1	0.88	78	69.03	34	30.09
Band 8B	0	0.00	16	47.06	18	52.94	0	0.00	19	55.88	15	44.12
Band 8C	0	0.00	4	30.77	9	69.23	0	0.00	7	53.85	6	46.15
Band 8D	0	0.00	2	50.00	2	50.00	0	0.00	1	33.33	2	66.67
Band 9	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
VSM	0	0.00	0	0.00	0	0.00	0	0.00	1	100.00	0	0.00

Appendix 3 - Medical and Dental

Medical and Dental Representation

The category “other” now contains no staff, disabled or otherwise, therefore this is included for information only. Two further consultants have identified themselves as having disabilities bringing the total number of medical staff reporting as disabled to five – with unknown still remaining a significant factor. In the post-covid workforce, it is crucially important the trust develops an environment where staff feel able to identify themselves.



Medical and Dental Data

	Disabled 2018/19		Non-Disabled 2018/19		Unknown 2018/19		Disabled 2019/20		Non-Disabled 2019/20		Unknown 2019/20	
	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent
Medical and dental trainee	1	0.29	177	51.60	165	48.10	1	0.29	209	60.58	135	39.13
Non-Consultants career grade	2	2.78	42	58.33	28	38.89	2	3.03	41	62.12	23	34.85
Consultants	0	0.00	188	54.97	154	45.03	2	0.53	169	44.47	209	55.00
Other	0	0.00	1	100.00	0	0.00	0	0.00	7	87.50	1	12.50